Prairie North Health Region

2006-2007
ANNUAL REPORT

to the
MINISTER OF HEALTH
and the
MINISTER OF HEALTHY LIVING SERVICES

Healthy People in Healthy Communities



Vision "Healthy people in healthy communities."

Mission "Working together to provide quality health services and to promote and support healthy living in diverse communities."

Values

- Accountability and Responsibility to sustain the future of our health care resources.
- Respect, Compassion, and Dignity for all people, regardless of cultural, social and economic factors.
- Trust and Integrity in everything we do.
- Appropriate Access to Quality Health Services: the right service at the right time in the right place by the right provider.
- Creativity and Innovation that support learning, partnerships and an ongoing commitment to progress.
- Safe and supportive environment for all.

2008-01478/

TABLE OF CONTENTS

Letter of Transmittal	2
Who We Are	3
Our Region	22
2006-07 Results at a Glance	33
2006-07 Performance Results	35
Future Outlook/Emerging Issues	59
Governance and Transparency	61
Performance Management Summary	75
Management Report	89
2006-07 Financial Report	90
Appendix	116

For an electronic copy of this report, visit the Prairie North Health Region Web site at:

www.pnrha.ca



LETTER OF TRANSMITTAL

To: The Honourable Len Taylor
Minister of Health

and

The Honourable Graham Addley
Minister of Healthy Living Services

Dear Minister Taylor and Minister Addley:

Prairie North Regional Health Authority is pleased to provide you and the residents of our Health Region with our 2006-07 Annual Report. This report provides the audited financial statements and outlines activities and accomplishments of Prairie North Health Region for the year ended March 31, 2007.

Respectfully submitted,

B. O'Grady

Bonnie O'Grady
Chairperson, Prairie North Regional Health Authority

WHO WE ARE

Prairie North Regional Health Authority is one of 12 Saskatchewan RHAs established in 2002 with proclamation of *The Regional Health Services Act*. The RHA is the formal legal entity responsible for the planning, organization, delivery and evaluation of the health services it provides within the boundaries of Prairie North Health Region.

The Authority generally refers to the governing Board, while the 'Health Region' describes our geographic area, along with the facilities, programs, and services provided in it by all of our staff, physicians, and partners.

OUR VISION, MISSION, AND VALUES

Prairie North's original Vision, Mission and Values statements were established by the RHA in 2003 and were done so to align with Saskatchewan Health's Vision for the future of health care and service in our province:

SASKATCHEWAN HEALTH VISION STATEMENT

"Building a province of healthy people and healthy communities."

In 2006-2007 as Prairie North worked to revise, refine and strengthen its Strategic Plan, RHA members reviewed the Region's Vision, Mission and Value statements to ensure they continue to represent who we are and where we are going, in the context of the provincial direction for health.

RHA members reaffirmed PRAIRIE NORTH'S VISION of

"Healthy people in healthy communities."

The Region refined its Mission statement to reflect more of what we do in the provision of quality health services. The revised Mission statement also includes recognition of the diversity of the communities which comprise Prairie North.

PNRHA's Values statements continue to be a strong and clear identification of what the Region holds to be the fundamentals behind the care and service we provide, the business we do, and the decisions we make. RHA members reaffirmed their commitment to Accountability and Responsibility; Respect, Compassion, and Dignity; Trust and Integrity; and Creativity and Innovation. The Value statement addressing Appropriate Access to Quality Health Services was refined to add emphasis on the right service at the right time, in the right place and *by the right provider*.

A sixth Value statement was added to express Prairie North Regional Health Authority's commitment to a *"Safe and supportive environment for all."*

Prairie North Health Region is proud to introduce our revised Vision, Mission and Values statements. They are prominently placed at the beginning of this Annual Report. Printed versions are displayed throughout Prairie North's facilities, program areas and offices. Prairie North is working to ensure that we continually move toward our Vision - our long-range view of what we ultimately want our health region to be; that we follow our Mission - the broad picture of how we are going to achieve our Vision; and that we use our Values as the principles and elements that guide us in making decisions and taking actions.

Supporting our Values, Prairie North RHA is guided in its decision-making, presentation and conduct by the legislation that governs us, and by our policies around governance, responsibility, conduct, communication, accessibility, planning, and reporting. Professionally, our managers, physicians, and staff are bound by the regulations, expectations, and requirements of their professions, including codes of conduct and ethics. Prairie North has in place specific policies and procedures dealing with health information protection, informed consent and financial management, and others that guide us in delivering the highest standards of care and service throughout our organization.

The Region has in place an Ethics program that consists of a Regional Committee plus local committees for The Battlefords, Lloydminster, and Meadow Lake/Rural, and a Regional Research Ethics Review Board. Members include physicians, managers, frontline staff, and Board officials who – together – work to address ethical issues that arise through day-to-day operations or in relation to more strategic decision-making processes.

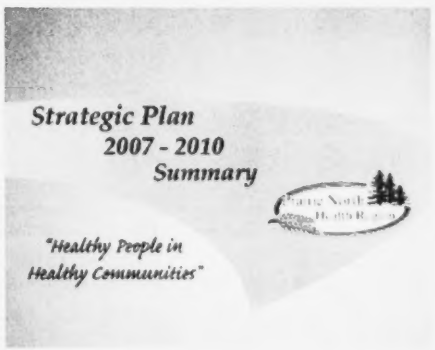
STRATEGIC PLAN 2007 / 2010: - OUR GOALS AND OBJECTIVES

As with our Vision, Prairie North's Strategic Plan aligns with the direction of Saskatchewan Health, its Goals and Objectives. In the past year, with input from Board members, managers, staff, and physicians, Prairie North reviewed and revised its Strategic Plan. The Plan was formally adopted by the Board on November 1, 2006.

The new Plan continues us along the path of Saskatchewan Health's four main Goals. They are PNHR's Strategic Directions and are unchanged from those of our previous Plan.

Prairie North has retained Sask Health's Objectives as our PNHR Objectives, and added to them to identify issues and opportunities that are specific to Prairie North.

Following are PNHR's Strategic Directions/Saskatchewan Health Goals, plus Prairie North Health Region Objectives under our 2006/07 – 2009/10 Strategic Plan.



Strategic Direction — Goal 1:

Improved Access to Quality Health Services

PNHR Objectives:

- Provide responsive, coordinated primary health care
- Improve Chronic Disease Management
- Reduce wait times for surgical procedures
- Reduce wait times for diagnostic services
- Improve emergency medical care
- Improve hospital, specialized services and long-term care
- Improve service delivery across the continuum of care
- Provide quality maternal/child services
- Strengthen mental health and addiction services





Strategic Direction — Goal 2:

Effective Health Promotion and Disease Prevention

PNHR Objectives:

- Improve promotion of health and disease prevention
- Improve the health of northern and Aboriginal communities

Strategic Direction — Goal 3:

Retain, Recruit and Train Health Providers

PNHR Objectives:

- Improve utilization and availability of health human resources
- Develop Prairie North Health Region into a learning organization
- Develop representative work places
- Create healthier, more effective work places





Strategic Direction — Goal 4:

A Sustainable, Efficient, Accountable and Quality Health System

PNHR Objectives:

- Ensure quality, effective health care
- Ensure appropriate governance, accountability and management for the health sector and sustain publicly funded and publicly administered health care
- Communicate appropriately and effectively with all internal and external stakeholders
- Make Continuous Quality Improvement integral throughout the organization
- Ensure patient safety is a critical focus in all health services programming

ORGANIZATIONAL / ADMINISTRATIVE STRUCTURE

Since its inception in 2002, Prairie North Health Region has been fortunate to be under the direction of strong, visionary leadership through a highly effective, focused administrative team and organizational structure.

In the past year, Prairie North welcomed two new members to its Senior Management Team: Lionel Chabot as Vice President of Development and Operations, and Barbara Jiricka as Vice President of Integrated Health Services. Lionel comes to Prairie North from La Ronge where he served as Chief Executive Officer of Mamawetan Churchill River Health Region. He joined Prairie North in May 2006.

Barb comes to Prairie North from Saskatoon Health Region (SHR) with 20 years experience in clinical practice, health service education, and health services administration. Prior to joining Prairie North in June 2006, Barb served as General Manager of Home Care and Palliative Services with SHR.

PRAIRIE NORTH HEALTH REGION SENIOR MANAGEMENT TEAM

As of March 31, 2007



David Fan
Chief Executive Officer



Barb Jiricka
VP Integrated Health Services



Jerry Keller
VP Finance/ Information Technologies



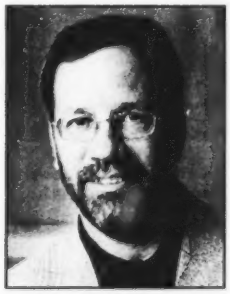
Lionel Chabot
VP Development & Operations



Glennys Uzelman
VP Primary Health Services



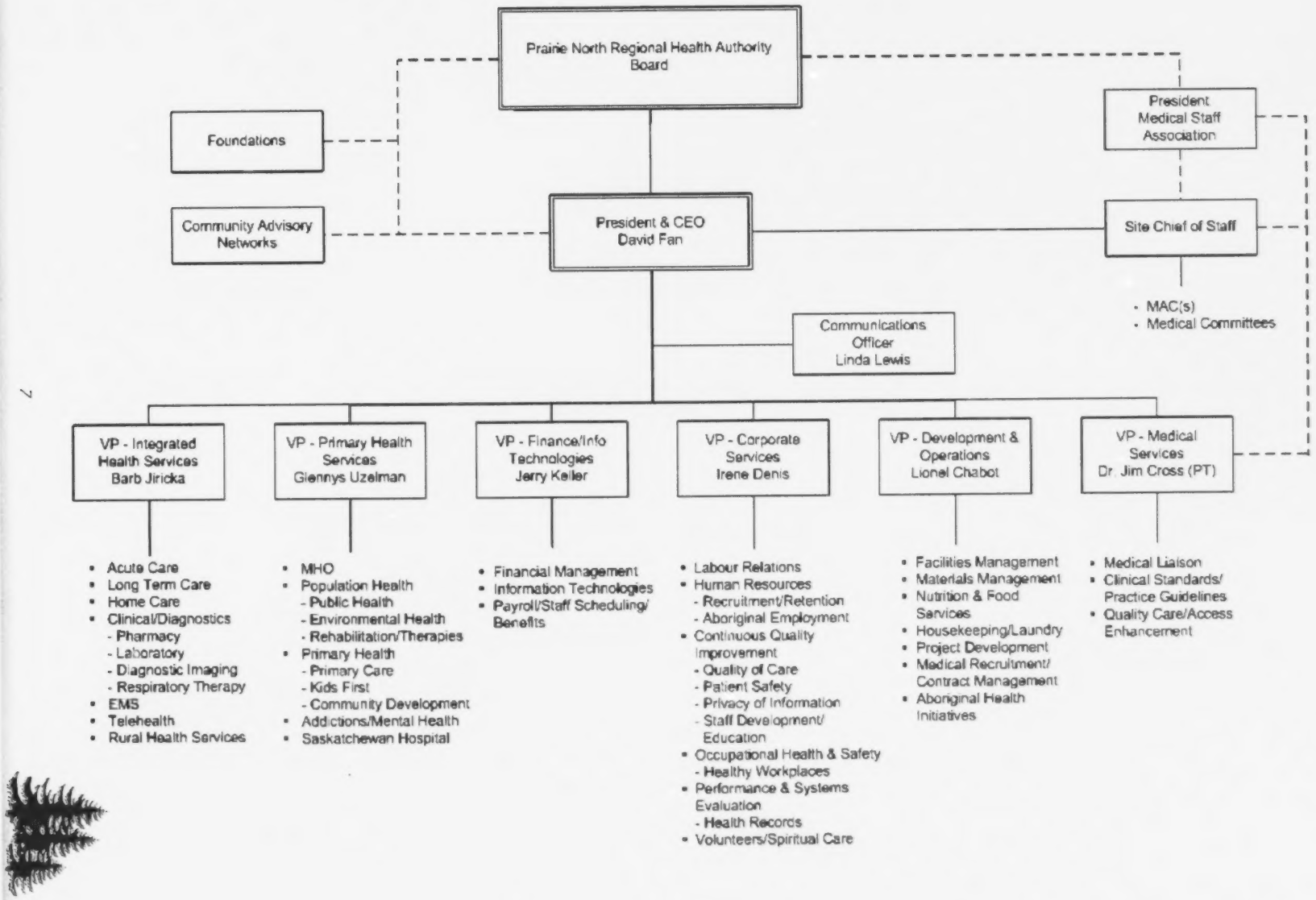
Irene Denis
VP Corporate Services



Dr. Jim Cross
VP Medical Services

PRAIRIE NORTH REGIONAL HEALTH AUTHORITY
ORGANIZATIONAL STRUCTURE

As of March 31, 2007



KEY SERVICES

Prairie North Regional Health Authority provides a comprehensive array of health services to the residents of the two cities, seven towns, 20 villages, five resort villages, 14 First Nation communities, 17 rural municipalities that lie entirely within the Region's geographic boundaries, and three rural municipalities a portion of each which lies within PNHR.

Our services cover the spectrum from working with individuals, organizations and communities to prevent illness and promote good health; to providing emergency, diagnostic, and ongoing medical care when patients/clients are in need; helping individuals return to improved health through rehabilitation, care management and ongoing support; providing long-term care to individuals who can no longer care for themselves; and educating, treating, supporting and providing care to individuals facing illness relating to addictions and mental health. The Region also works to safeguard the health of our population and communities.

These services are provided in Region-operated institutions and service sites, as well as through contracted/private service sites and programs, in community locations, and in client homes.

The Region supports its delivery of patient care services through housekeeping, food and nutrition, facilities maintenance, and materials management programs.

Coordinating and managing all direct care and support services are the Region's administrative programs including finance, information technology, human resources, labour relations, communications, and continuous safety and quality improvement.

Prairie North Regional Health Authority is organized according to the key services we provide.

Acute Care	Hospitals including clinical and diagnostic services, Medical/Physician services, and Specialists
Supportive/Continuing Care	Long-Term Care, Home Care, Day Programs, and Respite Care
Rural Health Services	Health Centres and Integrated Facilities
Emergency Response Services	Ambulance and First Responders
Population Health Services	Public Health, Environmental Health, Rehabilitation & Therapies
Primary Health Care	Primary Health, KidsFirst, Intersectoral programs, and Community Development
Mental Health & Addictions Services	Inpatient, Outpatient, and Long-term Rehabilitation
Support Services	Housekeeping, Food and Nutrition Services, Facilities Services, and Materials Management
	Executive/Administrative Services including Finance, Information Technology, Human Resources and Labour Relations, Communications, and Continuous Safety & Quality Improvement

PNHR Key Activity Indicators 2006-07

	2006-07 Total	2005-06 Total	Percentage Change
Acute Care (Hospital) Separations *	10,200	*10,315*[a]	-1.11%
Live Births	1,626	1,603	+1.43%
Surgical Cases (OR & Endoscopy)	7,226	*7,021*[a]	+2.92%
Hospital Emergency & Ambulatory Care Visits	112,026	*117,355*[a]	-4.54%
Health Centre Ambulatory Clinic Visits	3,334	3,239	+2.93%
Laboratory Tests	1.305 million	1.28 million	+1.95%
General Radiography Exams (X-Rays)	52,958	54,259	-2.40%
Ultrasound Exams	8,907	7,307	+21.90%
CT Exams	5,322	813[c]	-----
Respiratory Therapy Procedures	88,955	-----[d]	-----
Ambulance Calls	8,425	8,212	+2.59%
Ambulance Travel (in Kilometres)	984,314	1 million	-1.57%
Long-Term Care Admissions	219	*253*[a]	-13.44%
Short-Term Care Admissions	371	*393*[a]	-5.60%
Home Care Clients	28,320	20,795	+36.19%
Meals-on-Wheels	23,482	24,961	-5.93%
Mental Health Outpatient Visits	23,272	22,619	+2.89%
Mental Health Outpatient Direct Service Hours	22,826	**21,864**[b]	+4.40%
Addiction Services Clients	5,217	5,159	+1.12%
Addiction Services Direct Service Hours	5,730	5,219	+9.79%
Physiotherapy Visits	39,073	33,750	+15.77%
Occupational Therapy Visits	5,890	7,416	-20.58%
Speech Language Pathology Visits	2,044	-----[d]	-----
Public Health Inspections	1,131	-----[d]	-----
Public Health Complaints, Consultation, & Field Visits	5,121	-----[d]	-----
Clients Seen in Community Health Clinics	5,166	-----[d]	-----
Postnatal Contacts – Public Health	2,796	-----[d]	-----
School Immunizations	3,917	-----[d]	-----
Travel Clinic Clients	2,485	-----[d]	-----

Adjacent is a snapshot of key activity indicators for PNHR for 2006-07.

Note:
* Separations is the national standard term to define the number of patients who spent time in (were admitted to) hospital.

a: Figures are different than those included in 2005-06 Annual Report due to ongoing refinement in data collection and reporting.

b: Figure is different than that included in 2005-06 Annual Report due to error in original data.

c: CT services in PNHR began in late 2005-06.

d: Data not previously reported.

Source: PNRHA Key Activity Indicators 2006-2007



SERVICE PROVIDERS

Health service delivery is about people. It is about highly-skilled, professional, qualified individuals coming together as a team to provide the very best care and service they can for their patients/residents/clients, their co-workers, staff, and community.

Prairie North Health Region is proud of our team of 2,855 dedicated staff members in full-time, part-time, and casual positions; along with approximately 100 General Practitioners and Specialists providing care and service in family medicine, anaesthesia, general surgery, internal medicine, obstetrics/gynaecology, ophthalmology, otolaryngology, paediatrics, pathology, public health, psychiatry, and radiology. A number of visiting medical specialists provide service in gerontology, internal medicine, ophthalmology, orthopaedics, paediatrics, plastic surgery, rheumatology, urology, and nephrology.

Prairie North employs 548 Registered Nurses and Registered Psychiatric Nurses; 1,971 unionized support staff including Licensed Practical Nurses, special care aides, laboratory and diagnostic services personnel, and housekeeping, dietary and maintenance staff; 182 health sciences association staff including public health inspectors, therapists, counsellors, technicians, and psychologists; and 154 non-unionized staff including Regional, facility, program and nurse managers, plus administrative support personnel. Translated into full-time equivalent positions (FTEs), Prairie North's staff complement is as follows:

Full-Time Equivalent Positions – Prairie North Health Region

	2006/07 (as at March 31, 2007)	2005/06 (as at March 31, 2006)	2004/05 (as at March 31, 2005)	2003/04 (as at March 31, 2004)
Canadian Union of Public Employees (CUPE - Sask.)	1,290.30	1,202.30	1,165.39	1,143.36
Alberta Union of Provincial Employees (AUPE - Alberta)	88.53	89.01	88.75	88.63
Health Sciences Association of Saskatchewan (HSAS)	122.69	119.25	112.34	114.81
Out-of-Scope (OOS) – Sask.	139.51	137.89	126.55	128.13
Out-of-Scope (OOS) - Alberta	12.20	10.96	Not previously reported	
Saskatchewan Union of Nurses (SUN)	384.41	377.26	378.75	378.78
United Nurses of Alberta (UNA)	13.70	13.66	13.51	13.65
TOTAL Full-Time Equivalents	**2,051.34**	**1,950.33**	**1,885.29**	**1,867.36**

Prairie North's staff complement continues to gradually expand as the Region faces ever-increasing workloads, demands and pressures for new and expanded services, plus significant pressure from a growing population on the west side of the Region. In the past year, Prairie North added just over 100 full time equivalent positions primarily as front-line staffing in key areas of clinical and support services, especially in long-term care. Other enhancements came in Lloydminster to address the health needs of the city and area's rapidly expanding number of residents.

Volunteer and Spiritual Services

Prairie North Health Region recognizes volunteers and spiritual service providers as integral members of the health care team. Volunteers enhance service delivery and provide an important link between clients and their community. Volunteers are a valuable human resource and are supported in PNHR by a volunteer management program. Volunteers are registered, screened, orientated, and offered continued self development and training opportunities.

Volunteers are individuals who reach out beyond the confines of paid employment and contribute their time, unique talents, skills and service to augment the service delivery of health care staff. Throughout Prairie North, volunteers perform multiple roles in direct involvement with clients including visitation and recreation. In the community, our volunteers contribute to fundraising and special events, committee and auxiliary work, and patient service such as Meals-On-Wheels delivery.

Prairie North is extremely proud of its team of approximately 3,900 volunteers who participate in 30 facilities and programs, 15 Auxiliaries, and seven Foundations and Trust Fund organizations. Each facility or program is unique and attracts volunteers interested in that site's particular range of programming. Many volunteers in both urban and rural centres are involved in more than one program, serving facility-based and community-based services.

Prairie North Health Region's Spiritual Services program works in partnership with local ministerial and faith community volunteers. They assist in the Region's chaplain-on-call program, memorial worship services, seasonal celebrations, bible studies, visitation programs, and cultural gatherings. Prairie North believes that spirituality has a significant impact on a client's physical, emotional, mental and social well-being. The Spiritual Services program is another important component of the Region's health care team.



SERVICE SITES

Prairie North Health Region offers its programs and services through 26 distinct facilities or sites.

Prairie North Health Region Facilities and Sites

	Facility	Location
Two Regional Hospitals	Battlefords Union Hospital Lloydminster Hospital	North Battleford Lloydminster, SK
One District Hospital	Northwest Health Facility (Meadow Lake Hospital)	Meadow Lake
One Community Hospital	Maidstone Union Hospital	Maidstone
Two Community Hospitals with Attached Special Care Home	Loon Lake Hospital & Special Care Home Riverside Health Complex	Loon Lake Turtleford
One Provincial Psychiatric Rehabilitation Hospital	Saskatchewan Hospital	North Battleford
Two Health Centres	Manitou Health Centre Paradise Hill Health Centre	Neilburg Paradise Hill
Four Health Centres with Attached Special Care Homes	Cut Knife Health Complex Lady Minto Health Care Center L. Gervais Memorial Health Centre St. Walburg Health Complex	Cut Knife Edam Goodsoil St. Walburg
Seven Special Care Homes	Battlefords District Care Centre Jubilee Home Northland Pioneers Lodge Dr. Cooke Extended Care Centre Pine Island Lodge River Heights Lodge Villa Pascal (Affiliate)	Battleford Lloydminster Meadow Lake Lloydminster, AB Maidstone North Battleford North Battleford
Three Community/Public Health Facilities (separate from other sites)	Community Health Services Community/Public Health Services Community/Public Health Services	Lloydminster North Battleford Maidstone
One Youth Mental Health Services Site	Child & Youth Services	North Battleford
One Mental Health Services Transition Home	Donaldson House	North Battleford
Two Addiction Treatment Centres (Inpatient)	Hopeview Recovery Home Walter A. "Slim" Thorpe Recovery Centre (HCO)	North Battleford Lloydminster

Key Partnerships and Health Care Organizations

Prairie North Health Region is greatly assisted in the provision of services by strong partnerships with a number of key health care organizations, agencies, and contracted companies. They include:

East Central Health, Alberta

Prairie North works with our neighbouring health region in Alberta to plan and deliver health services to Lloydminster and area residents. The need for ever stronger ties with East Central Health is imperative as the demand for health services for the Border City and area's citizens continues to spiral in the face of the rapidly growing population. Funding support for Lloydminster, Alberta and area residents comes through ECH from Alberta Health and Wellness. Prairie North operates the health services for all of Lloydminster.

First Nations Communities and Organizations

PNHR partners with a number of First Nations to help support and deliver health services to Aboriginal clients. Through agreements with the Region, Meadow Lake Tribal Council provides health liaison services for clients at Meadow Lake and Loon Lake. Thunderchild First Nation supports health liaison service at Turtleford. Big Island Lake First Nation, Ministikwan, and Island Lake First Nations participate with PNHR in support of Primary Health Care services and chronic disease management. Through contract with Onion Lake First Nation, Prairie North provides laboratory service to the Onion Lake Health Centre. The Region also works closely with Battlefords Tribal Council to maintain health liaison and other services for First Nations clients.

Battlefords Family Health Centre

Prairie North contracts with Battlefords Tribal Council (BTC) and BTC Indian Health Services for the provision of Primary Health Care Services in North Battleford through Battlefords Family Health Centre. The Centre is governed by a Board of Directors including Chiefs of the BTC communities. PNHR is represented on the Primary Health Care Management Committee.

KidsFirst

PNHR partners with local agencies in Meadow Lake and North Battleford to deliver targeted support to the most vulnerable families. KidsFirst is an early childhood development program intended to provide vulnerable children with the best possible start in life and to ensure they will be nurtured and supported by well functioning families and communities. Federal/provincial funding for the local program is channelled through PNHR as the accountable partner.

North Sask Laundry & Support Services Ltd., Prince Albert

Prairie North is a shareholder in North Sask Laundry and purchases NSL's services to provide and maintain linen supplies to many PNHR facilities. Prairie North directly participates in the governance of NSL through mandated membership on the company's Board of Directors.

Foundations and Auxiliaries

PNHR is extremely fortunate and grateful to have the support of local Foundations, along with community and facility-based Auxiliaries, to help us meet care and service needs of our patients, residents, and clients. These organizations' generous financial contributions toward the smallest of amenities to enhance patient/ resident/client care, to the largest purchases of major capital equipment are vital to our ability to maintain and strengthen our services.



Foundations and Trust Funds	Auxiliaries
	AMGITS (Saskatchewan Hospital Auxiliary)
Battlefords Union Hospital Foundation	Hands of Friendship Auxiliary (Battlefords District Care Centre)
	Dr. Cooke Extended Care Auxiliary
Beaver River Health Care Foundation (Goodsoil)	Edam Health Care Auxiliary
	Goodsoil Health Care Auxiliary
Lady Minto Trust Fund Committee (Edam)	Jubilee Jems Auxiliary (Jubilee Lodge, Lloydminster)
	Lashburn Health Care Auxiliary
Lloydminster Region Health Foundation Inc.	Lloydminster Health Care Auxiliary
	Maidstone Health Care Auxiliary
Loon Lake Health Care Foundation Inc.	Meadow Lake Health Care Auxiliary
	Mervin Health Care Auxiliary
Meadow Lake Hospital Foundation Inc.	Paradise Hill Community Health Auxiliary
	River Heights Lodge Auxiliary
Twin Rivers Health Care Foundation Inc.	St. Walburg Health Care Auxiliary
	Villa Pascal Ladies Auxiliary

Health Care Organizations

Prairie North Health Region works closely with nine independent health care organizations to deliver programs and services to residents of the Region. Prairie North's HCOs provide emergency medical, addictions, mental health, and long-term care services.

The Regional Health Services Act defines a health care organization (HCO) as:

- a prescribed organization that receives funding from an RHA to provide health services; or
- an affiliate, other than the RHA, that operates a hospital or not-for-profit special care home.

Under the legislation, HCOs must provide health services consistent with the Health Region's operational plan, and must conduct their activities and affairs in a manner that is consistent with and reflects the health goals and objectives of the RHA and the Minister of Health. Contracts must be in place between each HCO and the Health Region.

The contracts set out the health services to be provided by the HCO and the funding to be received through the Health Region. According to the contracts, HCOs are required to submit audited financial statements and statistical information to the Health Region. Prairie North maintains strong linkages with each of its HCOs to assist in ensuring that operational and service requirements are met:

Emergency Medical Services

Lloydminster Emergency Care Service

Marshall's Ambulance Care Ltd., St. Walburg

WPD Ambulance Care Ltd., North Battleford

Prairie North contracts with these three private ambulance companies to provide pre-hospital emergency care to individuals in and around the companies' respective communities and contract areas. A contract is also maintained with Cold Lake Ambulance Society of Cold Lake, Alberta to provide a limited amount of emergency road ambulance service in the far northwest part of PNHR. Ambulance service to other communities and areas of Prairie North is provided by Region-owned and operated services in Cut Knife, Maidstone, Meadow Lake, and Neilburg.

Addictions Services

Walter A. "Slim" Thorpe Recovery Centre Inc., Lloydminster

The Slim Thorpe Centre, as it is commonly known, is a not-for-profit organization dedicated to education and delivery of services associated with chemical dependency and problem gambling. The Centre provides high quality recovery and prevention services that encourage positive solutions to alcohol, drugs and gambling problems. Prairie North Health Region provides flow-through funding to the Centre to deliver addiction services to Lloydminster and area residents.

Mental Health Services

Libbie Young Centre Inc., Lloydminster

The Centre offers short-term and long-term residential supportive apartment living, as well as day programming to clients of Lloydminster and area. The Centre provides support services for persons experiencing chronic and persistent mental illness.

Canadian Mental Health Association, Battlefords Branch

The CMHA offers pre-vocational, vocational, public education, activity and advocacy services for individuals with mental health challenges.

Edwards Society Inc., North Battleford

The Edwards Society provides accommodation for mental health clients in a structured, supportive family-style living environment to enhance their quality of life and assist with greater self-reliance.

Portage Vocational Society Inc., North Battleford

Portage offers vocational rehabilitation, employment training and placement programs for clients suffering mental or emotional illness.

Long-Term Care Services

Societe Joseph Breton Inc., North Battleford

The Societe operates the Villa Pascal 40-bed long-term care facility in North Battleford, and is Prairie North's only affiliate organization.



KEY RISKS TO THE ORGANIZATION

Successful organizations are those that can identify and anticipate key areas of risk, and proactively plan and implement strategies to mitigate those risks.

Prairie North Health Region has emphasized management of risks as a priority in its new Strategic Plan. Key risks facing the organization are recruitment and retention of health human resources; securing sufficient financial resources to meet the continually growing needs of a rapidly expanding population in and around Lloydminster; ensuring that our buildings and facilities safely and efficiently support our health services delivery; keeping pace with the demands for new and upgraded equipment and technology; and ensuring patient and staff safety in all that we do.

Safety has become a magnifying glass through which all health organizations must view their actions, decisions, and environments. For Prairie North, the safety agenda - a "safe and supportive environment for all" - has become a cornerstone of our planning and activities.

HEALTH HUMAN RESOURCES

Ensuring adequate and appropriate numbers of health professionals are available to deliver the programs and services required to meet our population's health needs is the single largest risk facing Prairie North Health Region. It is not a risk unique to PNHR. Shortages of health professionals the world over make maintaining and enhancing health services delivery a significant issue for most – if not all – health care jurisdictions.

In Prairie North Health Region, filling human resource vacancies is increasingly problematic. The main staffing issue centres around nursing – registered nurse, registered psychiatric nurse, and licensed practical nurse positions. In addition to continual nurse vacancies across the Region and frequent staff turnover, pending nurse retirements are compounding the problem. The demographics of PNHR's workforce shows it is aging. By 2010, approximately 20% of PNHR's registered nurses and registered psychiatric nurses are eligible to retire. Although not all individuals chose to retire as soon as they are eligible, retirements will have a substantial impact, especially in facilit and sites that are already experiencing staffing shortages and vacancies that are difficult to fill.

To mitigate the risks associated with nurse and other hard-to-recruit positions, Prairie North has improved its recruitment package to include a three-year bursary program. The province has implemented incentives additional to its bursary program for individuals taking jobs in rural areas and for individuals moving from other provinces to fill positions in Saskatchewan. Together, these provincial and PNHR incentives and bursaries have proven to be quite successful for Prairie North, though the results will not be fully evident until recipients of the incentives and bursaries join the Region's workforce at the conclusion of their education and training. The number of contacts Prairie North is receiving for potential recruits has increased markedly.

Prairie North Health Region has increased its marketing strategies related to recruitment. The Region has hired a labour relations consultant to focus on recruitment and retention, and to speak directly with students we are trying to recruit to PNHR. New tools have been purchased by our Region to assist with marketing and promotion at the increasing number of recruitment fairs in which we participate. Our main recruitment focus is within Canada, but we also emphasize some recruitment oversees.

Another of our initiatives to help address our human resource challenges is emphasis on practicum placements for health care students. Prairie North offers as many practicum placements as possible and provides all practicum students with information on what the Region has to offer. If students come to Prairie North and have a successful practicum experience, we have a better chance of recruiting them to remain with PNHR once they have completed their training.

Prairie North also recognizes the value of encouraging young people to consider careers in health care fields. Representatives of the Region make numerous presentations to high school students in PNHR as to careers available in health care, training required for these professions, and pay associated with them. We actively encourage Aboriginal and non-Aboriginal students to train in the health field.

Finances

Prairie North Health Region continues to fulfill its mandate of maintaining a balanced budget, ending the 2006-2007 fiscal year with a $1.4 million surplus. However, the majority of that surplus is based on our inability to fill vacant positions. If these positions were to be and remain filled, the Region's financial position would be dramatically different. Therefore, significant financial risks to the organization remain.

Overall health care expenditures continue to grow at a rate of five to six per cent annually. Salaries and benefits remain major cost drivers, as are medical supplies and drug costs, increased use of high-cost procedures and expensive medical technologies, and growing rates of chronic diseases including diabetes, cancer, and cardiovascular disease. At the same time, PNHR faces significant pressures for more services, additional staff, upgraded equipment, expanded technologies, and new infrastructure.

Many of these cost drivers are outside of Prairie North Health Region's sole ability to obviate or control. Where we are able, our Region strives to minimize these negative impacts on our financial resources and to optimize opportunities that mitigate financial risk. The Board and Senior Management are committed to balanced budgeting, along with careful planning around human resources, capital management, capital equipment, and information technology.

This strong and careful management of our limited financial resources has allowed us to address other key areas of risk. We have reinvested funds to improve patient and staff safety through the purchase of electric beds, ceiling tracks, and patient lifts. Additional resources allocated to our operating rooms have enabled us to concentrate on reducing wait lists for surgery in 2006-2007. We also continue to use our positive financial position to enhance our infrastructure by ensuring building repairs are done in a timely manner.

With convergence of internet protocol (IP) systems (digital-based technology), Prairie North has had the opportunity to invest in state-of-the-art Nurse Call Systems, positively impacting patient safety. Prairie North continues to re-engineer processes wherever possible to improve efficiencies and effectiveness throughout the organization, reducing costs and adding new value to our processes and systems.

Prairie North's overall financial risk is inextricably tied to appropriate funding from the Province of Alberta through East Central Health for the provision of health services in Lloydminster. Prairie North works closely with ECH to ensure that the health needs and resulting costs for service to Alberta residents are understood and appropriately funded. PNHR has been somewhat successful in efforts to secure increased resources from its Alberta counterpart. However, the rapidly growing population and its demands on the health system in the Border City show no sign of abatement.



Efforts are continuing to obtain the necessary commitment going forward to keep abreast of Lloydminster's needs for health care service. PNHR and East Central partnered in 2006-2007 to have an external agency conduct a review of the levels of funding provided by both provinces for services in and for Lloydminster and area residents. The review also examined current and projected population levels, as well as current and future demands for health services. The review is to be complete early in 2007-2008, providing a basis on which to move forward to address Lloydminster's needs.

Capital Infrastructure

Prairie North Health Region is home to several aging facilities that are costly to maintain and do not allow efficient, cost-effective use of staff and other resources. These include the 93-year-old Saskatchewan Hospital provincial psychiatric rehabilitation facility in North Battleford; Northland Pioneers Lodge long-term care home in Meadow Lake; the 66-year-old Battlefords District Care Centre in Battleford; and regional hospitals in Lloydminster and North Battleford.

Replacement or significant upgrading of each is required and will take a lengthy time to achieve. The Region is following, regularly reviewing, and updating its Five-Year Capital Management Plan to address each of these priorities over the long-term. Approvals and partnerships with Saskatchewan Health and local communities are necessary to move the replacement projects forward. In the case of Lloydminster, commitment is also necessary from Alberta.

Prairie North has several initiatives underway as we begin to address these infrastructure deficiencies:

- As of March 31, 2007 the new Maidstone Heath Complex is 65% complete with a planned occupancy of October 2007. This project involves the expansion and redevelopment of Maidstone Hospital to add a long-term care program that will replace the outdated Pine Island Lodge long-term care home. The new integrated facility will also incorporate community services into the site, establishing all health services in Maidstone at a single location to improve accessibility for patients, clients, and the community.

- Functional programming and concept design for replacement of Saskatchewan Hospital North Battleford (SHNB) is 50% complete with a final functional program report ready by August 2007. Presentations to and consultations with the public will follow, along with tender call for design of the physical structure to meet the functional and conceptual design. Construction is expected to start in 2008, with completion set for 2010. Prairie North continues to promote eventual replacement of BDCC in conjunction with SHNB redevelopment.

- Northland Pioneers Lodge in Meadow Lake remains a high priority in the Region's capital infrastructure list. Prairie North will work with Saskatchewan Health toward planning for replacement of the Lodge.

- After some extensive renovations in 2005-2006 at Lloydminster Hospital, efforts to maintain the structural integrity of the building focusing on building envelope renovations continued in 2006-2007. These improvements included replacement of the roof, and ongoing repair and replacement of windows. In October 2006, Prairie North hired a firm to undertake a functional program and master planning exercise that will provide a road map for expansion and redevelopment of Lloydminster Hospital to meet increasing service demands of the continually expanding population of the city and area. The plan is to be completed and presented to stakeholders in early 2007-2008.

- Battlefords Union Hospital is also undergoing a functional program review and process redesign exercise in an effort to move forward on redevelopment of the facility. The review is expected to be complete in June of 2007. Prairie North took the opportunity of utilizing the expertise of the same firm conducting the functional programming and concept design for replacement of Saskatchewan Hospital in North Battleford to begin the BUH review.

- Additionally, Prairie North and East Central Health (Alberta) engaged the same functional programmer that is conducting the Lloydminster Hospital review to develop and explore options to rejuvenate the two long-term care wings at Dr. Cooke Extended Care Centre (DCECC) in Lloydminster. DCECC is located on the Alberta side of Lloydminster, is owned by East Central, and is operated by Prairie North.

- Both Health Authorities also continue their work toward development of a much-needed 60-bed Supportive Housing complex. The project is that of ECH and will be owned and operated by Connecting Care, a private company. Construction is underway and is to be complete in January 2008. Operating funds will be provided by ECH through Prairie North Health Region.

Facilities in PNHR's rural sites are newer, with Riverside Health Complex in Turtleford developed in the past eight years. Facilities in Cut Knife, Goodsoil, Loon Lake, Neilburg and St. Walburg are 20 years old or more, but remain functional and structurally sound.

Capital Equipment and Technology

Prairie North faces ongoing pressure to update and replace a variety of equipment at virtually all of its sites and programs. The risk is to patient and staff safety, the ability to maintain and improve quality of care and service, and the ability to keep pace with technological advancements to provide patients with the most current services and procedures we can. Prairie North is working hard to upgrade basic equipment and to remain current with new technologies and systems.

To reduce these risks, Prairie North maintains a Capital Equipment Plan that identifies multi-year priorities for all programs and sites. The priorities are reviewed and updated annually, as items are acquired and crossed off the list, or as other items require replacement on an emergency basis. The Plan helps the Region maintain its programs and services with little or no interruption.

The Region budgets a designated amount of funding on an annual basis to address the priorities of the plan. In 2006-07, the amount was just under $4 million. Sources of funding included Saskatchewan Health, PNHR's capital reserve and 2005-06 surplus, plus major contributions from the Region's Foundations, Trust Funds, Auxiliaries, and communities. Prairie North Health Region is deeply grateful for these significant financial commitments. Fostering and maintaining positive relationships with these organizations is vital to this ongoing support and the Region's ability to address its capital equipment risks.

The Region's new Biomedical Engineering Program, begun in 2005-06, is working to reduce the outsourcing of medical equipment repairs and service contracts, providing timely and cost-effective maintenance and repairs. Preventative maintenance is a cornerstone of the program to ensure proper functioning and prolong the useful life of the equipment, and to enhance patient and staff safety.

The proliferation of Information Technology (IT) systems required for optimal program functioning, mandated monitoring and reporting, and integrated systems development also represents a significant risk to the organization. Prairie North is challenged to keep pace with implementation of the many emerging

technologies, systems and programs, and with the personnel resource requirements necessary to carry out these initiatives. The new technology is expensive and never-ending, while the financial and human resources to pay for and manage it are scarce. The Region strives to balance IT priorities through a systematic multi-year plan and participates at a provincial level to stay abreast of pending and anticipated change.

Prairie North also participates wherever possible with the province and other Saskatchewan health regions in group purchasing to achieve best prices and make the best use of finite financial resources.

Patient/Staff Safety Agenda

Ensuring the safety of all clients as they access services within the health system and all staff as they fulfill their duties within and on behalf of the health system has become a priority across the nation. Patient Safety is a priority within the standards of the Canadian Council on Health Services Accreditation. Growing recognition has come within health care that many opportunities exist to minimize system errors and create a safer patient and staff experience. Failure to identify, anticipate, and address the overall issue of safety is a key risk to the health system as a whole.

Prairie North Health Region has placed strong emphasis on addressing its challenges and opportunities related to safety and its accompanying risks. "Safety" is now clearly identified as a priority within our health region's Strategic Plan. A comprehensive approach to both patient and staff safety was developed in Prairie North in 2006-2007. Many initiatives are underway to help improve and ensure patient and staff safety throughout the organization.

Prairie North Health Region recognizes that "safety" is dependent upon many factors. Our challenges include:

- Achieving a culture of safety - this takes time, dedicated resources, focus and strategic initiatives.
- Maintaining appropriate capital equipment to support both staff and patients – the Region has initiated a long-term program to purchase electric beds, lifts, and other equipment that will improve safety for clients and staff. We are working to standardize equipment where possible and appropriate across the Region to lessen the risk associated with staff being unfamiliar with equipment that is inconsistent from site or unit to site or unit. We are also paying increased attention to the ergonomics of equipment and workplaces to improve the work environment for staff.
- Learning and education to meet the needs of the organization and to promote the safety culture - this includes clearly identified plans for continuing education within the organization. Education must also reflect equipment changes, process changes, and program requirements.
- Establishing a "no blame" approach that enhances reporting and correcting potential safety issues.
- Supporting Occupational Health and Safety committees and initiatives.
- Striving toward healthy workplaces and encouraging healthy workplace initiatives.

In Prairie North, "safety" is part of continuous quality improvement and has been integrated into a framework of "Continuous Safety and Quality Improvement" (CSQI). The Region's 13 CSQI Teams assist in identifying and implementing changes that will result in a culture of safety.

The Region has also demonstrated its commitment to safety through the budgeting process. A multi-year plan has been developed and implemented to address the need for safe, standardized equipment. The aim is to further reduce the potential for errors and injuries.

Prairie North functions with a contingent of Quality of Care Coordinators (QCCs) who address client concerns and collate risk-related information. The QCCs facilitate inquiries into potential or known risks. They also ensure that information is shared across the Region to reduce potential patient events.

The Regional Occupational Health and Safety Committee has developed a "Master Plan" to assist local health region OH&S Committees in complying with the OH&S Act, through a series of regular reviews. The plan is organized to have members of the Regional Committee review the safety program and its policies against each of the 10 parts of Section 22 (1) of the OH&S Act. The plan incorporates tools such as standardized agendas to assist throughout the organization.

Prairie North Health Region has also supported the FISH philosophy of "Play, Make Their Day, Be There, Choose Your Attitude" as part of the Healthy Workplace agenda. The FISH philosophy has been adopted by many staff and 10 of the Region's 27 Healthy Workplace Committees.

Prairie North continues to work on its strategic initiatives related to the patient/staff safety agenda and on processes that will contribute to a culture of safety and to minimizing risks associated with safety.

OUR REGION

Prairie North Health Region covers a large and geographically diverse area in the northwest part of central Saskatchewan. Key industries are agriculture and related service sectors in the south; oil and gas in the west and central parts of the Region; and forestry, tourism and recreation in the north.

Economically, the western part of Prairie North, especially around Lloydminster, is vibrant and growing, with significant oil and gas exploration and development. The northern section around Meadow Lake is bustling with activity in forestry and related industries. The southern and eastern parts of the Health Region are primarily agriculture and service industry based. The central areas of the Region abound with a combination of these activities.

Prairie North is home to Canada's only border city: Lloydminster, Saskatchewan/Alberta. This presents unique considerations and challenges for the management and provision of health services to people living under differing provincial jurisdictions.

Prairie North is the only health region in Saskatchewan that is home to two regional hospitals: Battlefords Union Hospital in North Battleford, and Lloydminster Hospital on the Saskatchewan side of Lloydminster. This too presents special dynamics in balancing priorities and resources to ensure both sites fulfil their potential as regional health centres.

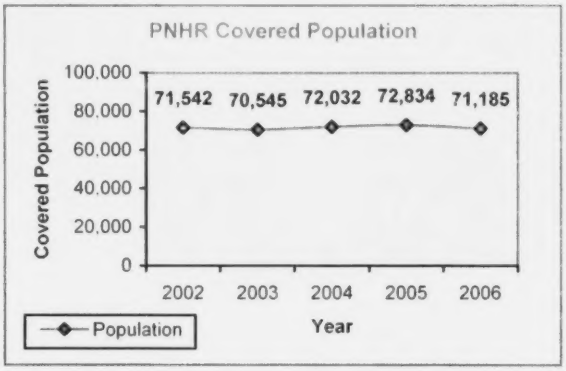
Saskatchewan's only provincial psychiatric rehabilitation hospital – Saskatchewan Hospital North Battleford – is located in Prairie North Health Region. SHNB, as it is known, is also home to the province's Forensic Services program.

POPULATION DEMOGRAPHICS

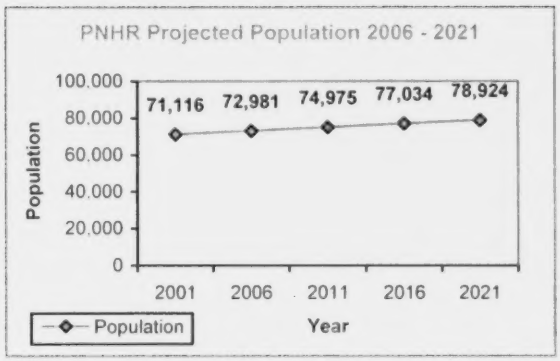
To meet the health needs of our residents now and into the future, we must understand our population: who they are, where they live, their age, their gender, and more. In the case of Prairie North Health Region, we must pay particular attention to the significant Aboriginal population, as we strive in partnership with First Nation communities and agencies to address their health care needs and the factors that influence health.

According to the latest Saskatchewan Health Covered Population figures, our province's total number of residents declined by 1.75% as of June 30, 2006, compared to figures at June 30, 2005. Correspondingly according to the same data source, Prairie North Health Region's total population was down as of June 30, 2006, by 2.26%, to 71,185, from a year earlier. This is the lowest recorded for PNHR by Sask Health's Covered Population data in the past four years. Over time, however, as the graph on the right depicts, Prairie North's population had been slowly increasing since 2003.

The total does not include the population in and around Lloydminster on the Alberta side of the border.



Source Data: Saskatchewan Health Covered Population 2006, 2005, 2004, 2003, & 2002



Prairie North's population remains at over seven per cent (7.10%) of the province's total and is the fourth highest of Saskatchewan's 13 health authorities. Based on 2002 estimates, Saskatchewan Health projects Prairie North's population will grow to nearly 80,000 by 2021 – the only rural Saskatchewan health region so forecast.

Source: Information Products Group, Corporate Information and Technology Branch, Saskatchewan Health

Similar to the province as a whole, PNHR's population is divided almost equally between males and females. The majority of our residents (48.14%) live in the Region's three largest communities of The Battlefords, Lloydminster (SK), and Meadow Lake. Just over one third (33.99%) of Prairie North citizens reside in the Region's towns, villages, resort villages, and rural municipalities. The remaining 17.87% of PNHR residents live in First Nation communities within the health region.

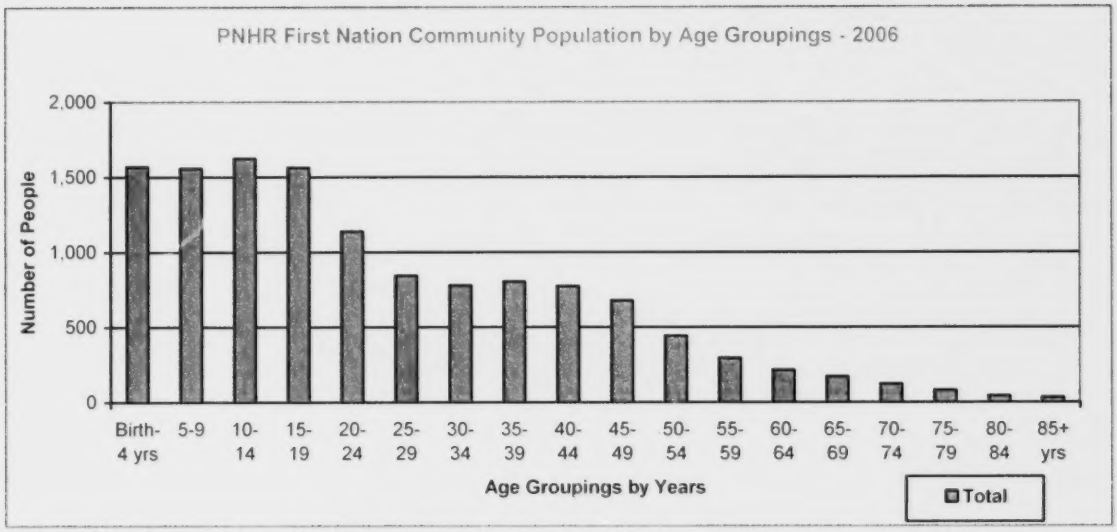
Prairie North has the highest percentage (24.12%) of Registered Indian population among the province's 10 southern health regions, according to Sask Health Covered Population data at June 30, 2006. Only the percentages of the three northern health authorities are greater.

The percentage of Registered Indian residents in PNHR has been steadily increasing since 2003, and is more than twice that of Saskatchewan's total Registered Indian population (10.35%). Saskatchewan's percentage of Registered Indian people increased by 0.23% from June 30, 2005 to June 30, 2006. Prairie North's increased at more than three times that rate, at 0.78%.

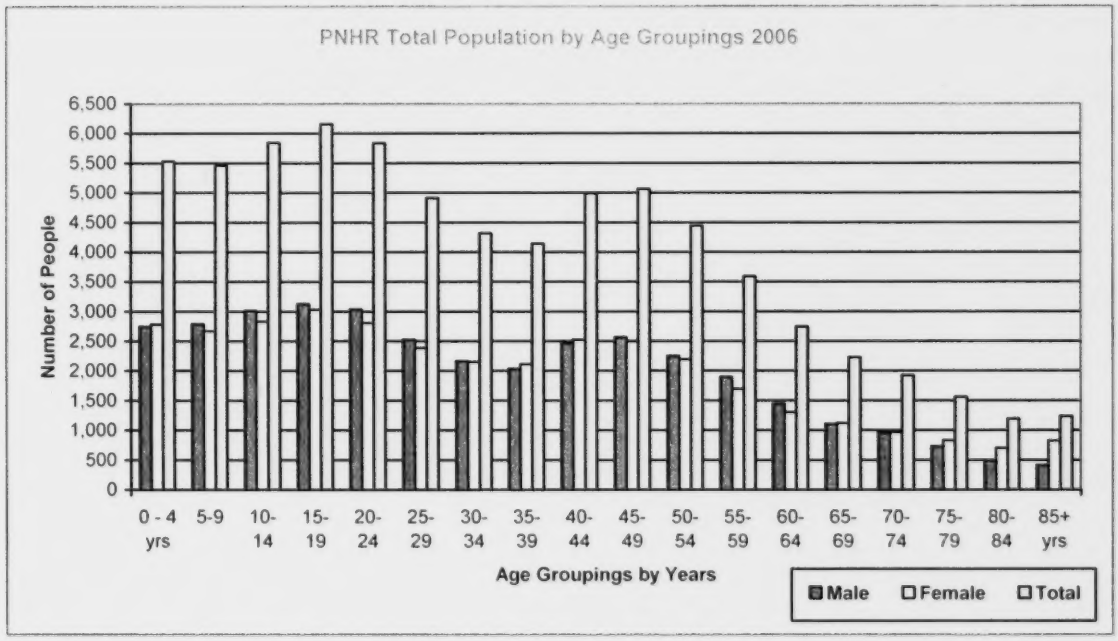
The numbers do not include individuals who identify themselves as Aboriginal but who are not Registered Indians. According to Statistics Canada's 2001 Aboriginal Population Profile, the percentage of Prairie North's total Aboriginal population is close to 28 per cent. Newer Aboriginal population data from Statistics Canada's 2006 national survey is not yet available.

Saskatchewan Health Covered Population statistics allow us to create a snapshot of our First Nations residents by age groupings. The data is important to the current and future development and provision of health services in partnership with our First Nations and overall health region population. The data illustrated in the first chart on the following page shows that the majority (49.57%) of residents who live in First Nations communities within Prairie North Health Region (12,743) are between the ages of 0 – 19. Over a third (39.35%) are ages 20 – 49. Only 11.08% are 50 years of age and older.

Comparatively in the second chart on the next page, First Nations communities in PNHR have a higher percentage of people in the 0 – 19 age groups than does Prairie North as a whole (32.30%). PNHR has a greater percentage of residents in the 20 – 50 year age categories (41.11%), as well as a higher percentage of its population 50 years of age and older (26.59%).



Source Data: Saskatchewan Health Covered Population 2006



This demographic information is vital to planning and delivery of health services to meet the needs of a young First Nations population, and significant mid to retirement age groups as they move toward and into retirement and their elder years.

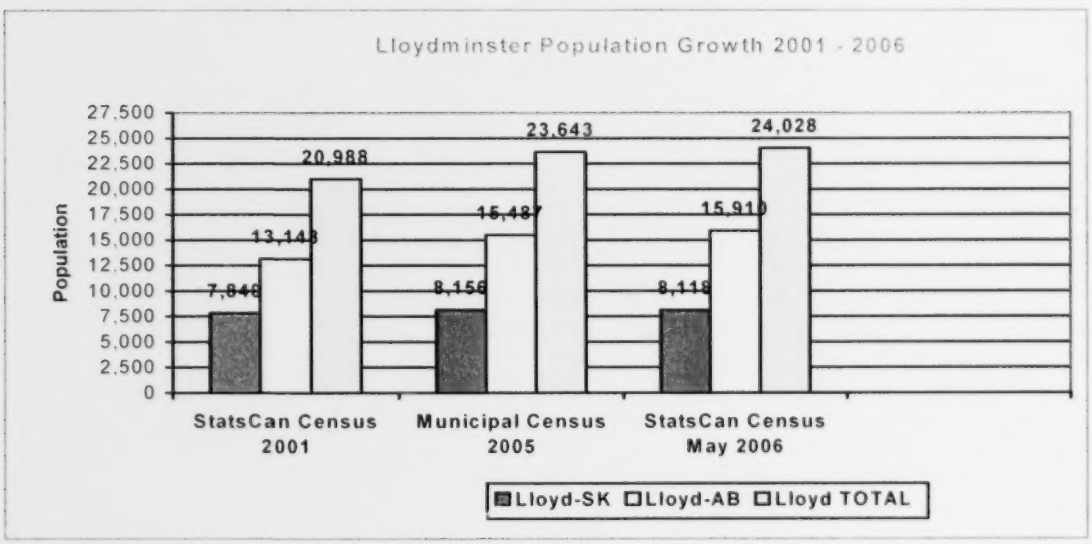
LLOYDMINSTER

The demographic information discussed thus far in this Annual Report does not include the significant population on the Alberta side of Lloydminster to which Prairie North provides service.

The most current data from the Statistics Canada May 2006 Census shows Lloydminster – Alberta (AB) with a population of 15,910. The same survey records the Saskatchewan (SK) side of the City of Lloydminster with a population of 8,118, for a total of Lloydminster AB/SK population of 24,028. The total is 1.6% higher than the results of a municipal census of Lloydminster conducted by the city in 2005, and 14.5% greater than Statistics Canada's 2001 census numbers for Lloydminster.

Results of the 2006 Statistics Canada survey show Lloydminster SK as the fastest growing city in Saskatchewan 2001 – 2006, at 3.5%. Lloydminster AB is growing at a much higher rate of 21% over the same five-year period. Statistics Canada data shows many other centres in Alberta with greater population growth rates than Lloydminster (AB). The city is again conducting a municipal census in 2007.

When considering the population served by Prairie North Health Region, we must also include the rural area surrounding Lloydminster and the significant "shadow" population in and around the city on both sides of the border. It is difficult to put a total figure on those combined populations, as the drawing area of Lloydminster is not easily defined. The shadow population consists of individuals who work in the community and area during the week and access health services at LLoydminster, but who have permanent addresses elsewhere. It is anticipated the external funding review commissioned by Prairie North and East Central Health Regions will help to solidify the overall population service numbers for Lloydminster.



In planning for and delivering health services to Lloydminster, factors beyond its rapid growth must be taken into consideration. The age of its population is one such element. According to the 2005 Lloydminster municipal census, just over half (50.17% of its population is between the ages of 20 – 49; nearly a third (29.23%) is between 0 to 19 years of age; the remaining 20.60 % is 50 years of age and older.

Compared to Lloydminster, The Battlefords (City of North Battleford and Town of Battleford together) has a higher percentage (31.63%) of its population in the 50+ age categories, and a lower percentage (28.85%) of its population in the 0 – 19 years of age groupings. Just under 40 per cent (39.52%) of The Battlefords population is ages 20 – 49.

Meadow Lake's population of 20 – 49 year olds (41.91%) is slightly higher than that of The Battlefords, which are both well below that of Lloydminster. Only 21.65% of Meadow Lake's population is over age 50, while 36.44% of its population is in the 0 – 20 years age categories.

Collectively, the age information helps paint a picture of Prairie North's three largest communities in terms of assessing and fulfilling the health care and service needs of their residents. Meadow Lake is generally a young community with the highest percentage of its population under 20 years of age. The majority of Lloydminster's population is in the 20 – 49 age range, while The Battlefords has the largest percentage of residents over the age of 50. The differing age characteristics of these three communities, and others in PNHR, aid in decision making around current and future services and facilities.

External Influences on our Region

Because of Lloydminster and area's booming economy and burgeoning population, Prairie North Health Region continues to pay particular attention to the Border City in terms of strengthening human, financial, and physical resources. Pressures on all of these areas grow faster than the health system's means to keep pace. Prairie North has already targeted increased resources toward a range of acute care, community health, therapies, home care and mental health services, and the demand continues to grow.

As indicated earlier in this report, Prairie North has partnered with East Central Health to conduct an external review on respective funding by Saskatchewan and Alberta for health services in Lloydminster, including capital projects and equipment. This third-party review is to help ascertain the population served, the relative utilization of health services by Alberta and Saskatchewan residents, and the appropriate funding levels from the two provinces.

Additionally, PNHR and ECH are collaborating to conduct master planning and functional programming for redevelopment of Lloydminster Hospital and Dr. Cooke Extended Care Centre. Expansion and renovation of Lloydminster Hospital remains a priority as the population and health care service needs continue to grow. In the interim, until redevelopment of the hospital can be planned, implemented, and completed, the need exists to expand existing acute care services and make the best use possible of the current facility.

For this reason, Prairie North is moving toward decanting some services currently located in the hospital but which have little to do with direct patient care. An alternate location in the city is being considered into which may move select administrative services currently in Lloydminster Hospital. The hospital space that would be vacated by these services could then be redeveloped to serve acute care needs. A decision is expected early in 2007-08.

Prairie North is using the opportunity to explore relocation of some of its programs from the new Community Health Services – Lloydminster site. The Region has already outgrown the premises which opened in the summer of 2005. The demand for community health, home care, and mental health and addictions services is constantly expanding. In addition to the growing number of residents seeking service, the transient and affluent nature of Lloydminster's population brings with it associated social concerns around mental health,

addictions, public health, the environment, and more. Prairie North must strategize with its partners and the community to effectively manage, respond to, and prevent negative social consequences.

Lloydminster is also becoming a more desirable destination for rural and area residents to relocate to for services and amenities. This too puts pressure on existing health care services, and signals a need for greater continuing care services into the future. Construction of a new 60-unit Supportive Housing complex is underway through East Central Health. ECH and Prairie North are also looking to redevelopment of the two oldest wings of the current Dr. Cooke Extended Care Centre. A plan should be complete in 2007-2008.

Not only does Lloydminster and Alberta's exploding economy pose challenges for Prairie North in dealing with service demands, it impacts the Health Region's ability to attract and retain employees. With wages in the private sector in and around Lloydminster, and in Alberta generally, greatly exceeding those Prairie North can offer, our Health Region is significantly challenged to hire and keep professional personnel. Alberta continues to attract large numbers of Saskatchewan doctors, nurses, clinical specialists and other professionals, negatively impacting our ability to recruit and retain staff elsewhere in the Region.

Rising economic prosperity and an abundance of well-paying jobs in the oil and gas sector in Alberta and Saskatchewan makes it increasingly difficult for Prairie North to compete for a variety of support workers beyond the traditional hard-to-recruit health professionals. Securing the services of trades people and contractors to take on capital projects is also a significant challenge due to the strong economies in both provinces. Costs for projects rise quickly and substantially as demands for materials and workers force prices and wages higher. These must be factored in as Prairie North moves forward with capital purchases and projects.

Changes and challenges in the forestry industry have the potential to negatively impact Prairie North's residents and communities. Downturns in the sector could spur further declines in the Region's rural and northern communities, as livelihoods are threatened and populations face change. Rural communities are also threatened by ongoing struggles in the agriculture sector as the number of farms declines. Towns and villages grow smaller as rural residents move away from the land. Communities find it harder and harder to remain viable as the key driver of their economies dries up, businesses and services close, and people move away. Maintaining efficient, effective health services in rural centres becomes more and more difficult as opportunities and resident levels decline.

As many rural communities continue to shrink, several locations on the west side of our Region, including Pierceland, the Rural Municipality of Beaver River, the RM of Britannia, and the communities of Lashburn, Maidstone, and Neilburg are seeing increases in population and activity. Similarly, the populations of the five Resort Villages in Prairie North, and other communities located near lakes and resort areas, have all seen their populations grow between the years 2001 – 2006. Prairie North must take this shifting of populations into account as well in the planning and delivery of health services.



HEALTH STATUS AND OUTCOME INDICATORS

Health Status and Outcome Indicators provide a broad view of the health of Prairie North's population. Many factors influence a population's health, including education, employment and income levels, where we live, the state of our environment, our genetics, our relationships with friends and family, and more.

A health region's role in influencing and determining the health status of its population is limited but important. As Prairie North's Vision of "Healthy people in healthy communities" indicates, the Region strives to improve the health of its population. We must monitor and report on health status and outcome measures to help us establish our direction and priorities in moving toward our Vision.

This year's PNHR Annual Report focuses on health status and outcome indicators where new data is available over that presented and discussed in the previous year's report. New data is not available each year for every indicator. For information on infant mortality, and on life expectancy at birth and at age 65 years, please refer to Prairie North's 2005-2006 Annual Report.

The following health status and outcome indicators are of key interest to Prairie North Health Region as concern rises provincially, nationally and internationally over what society believes to be growing numbers of people who are overweight or obese, and the need for individuals to increase physical activity levels. Increased rates of diabetes are a potential result. Self-rated health status is a general indicator of the overall health status of individuals. Injury has the potential to directly contribute to many other health status indicators. These measures help us identify areas of concern, anticipate health needs, plan for services and programs, and target initiatives to improve the overall health of our population.

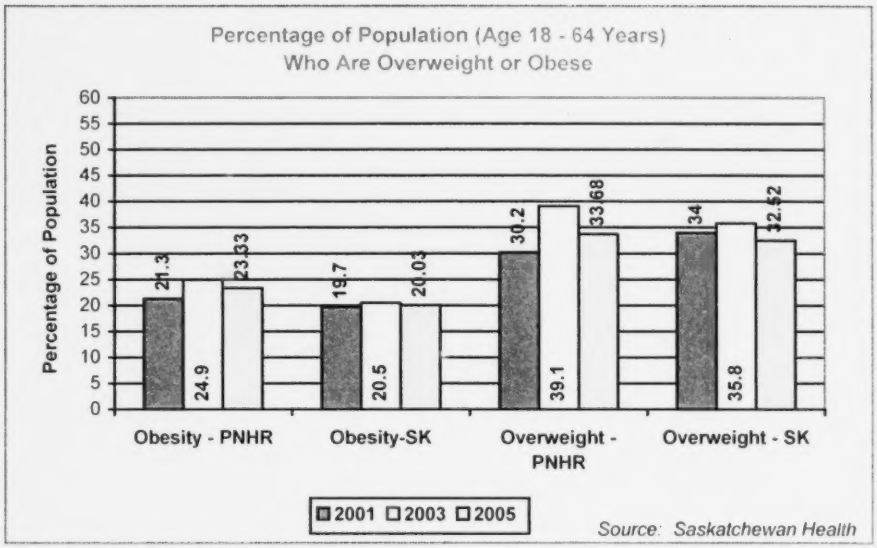
OVERWEIGHT AND OBESITY

Obesity has been identified as a major risk factor contributing to a number of chronic illnesses such as type II diabetes and heart disease. Obesity may also impact on conditions including osteoarthritis and other joint disorders, mental health, and quality and quantity of life. Reducing the risk of obesity decreases the risk of a number of chronic conditions such as cardiovascular disease, type II diabetes, and certain types of cancer.

According to the latest data from Saskatchewan Health for the year 2005, approximately one-third of Prairie North's population is overweight, with nearly one-quarter identified as obese. The PNHR rates have fallen slightly from the levels recorded in 2003 which had shown an increase from 2001 due in part to a change in the lower end of the age range from the previous age 20 used in 2001, to age 18 used in 2003 and 2005.

Prairie North's rates of overweight and obesity are only fractionally higher than the provincial rates which are down as well from 2003. Just under a third of Saskatchewan residents are overweight; a further one-fifth are obese.

While the decline in PNHR and provincial overweight and obesity rates is positive and may signal success around increased awareness of the need to reduce overweight and obesity, the overall percentages remain significant. Emphasis must continue to be placed on healthy food choices and increased levels of activity for our population. High levels of overweight and obesity pose major challenges in the long-term provision of health services to help manage and care for chronic conditions that often result.

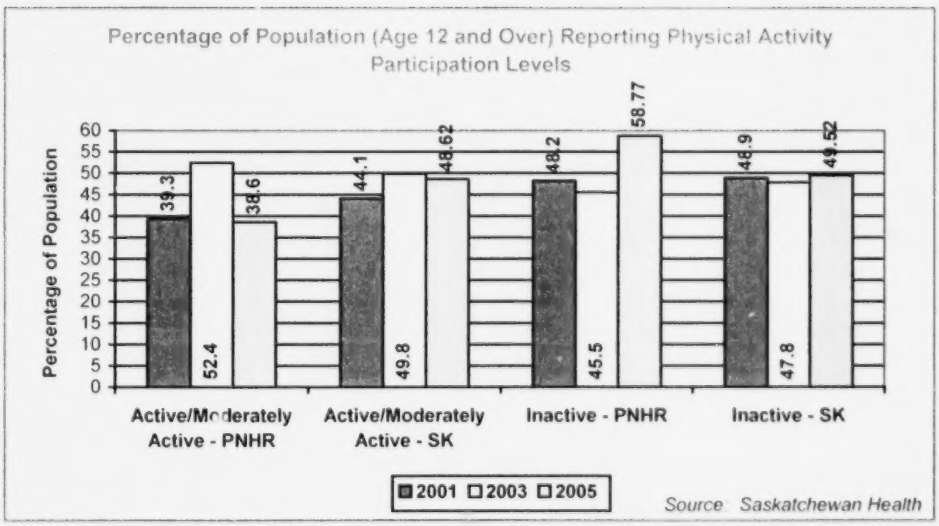


Body Mass Index (BMI) is the most common method of determining if an individual's weight is in a healthy range. The current standard for an individual to be considered overweight is a BMI of 25 to 29.9. The standard for obesity is a BMI of 30 and over.

Physical Activity

Closely linked to overweight and obesity is physical activity, or a lack thereof. Inactivity is a major risk factor for obesity, diabetes, and heart disease. Maintaining physical activity is associated with a range of health benefits including improved heart health and mental health. Increased participation in physical activity is also associated with a reduced incidence of high-risk behaviours such as smoking, alcohol and substance abuse, and inadequate dietary practices among teenagers and youth in general. Physical activity tends to decrease with age.

As of 2005, nearly 40% of Prairie North residents identify themselves as active or moderately active, while nearly 60% describe themselves as inactive. Provincially, the comparison is about 50/50, with slightly more active than inactive, changed only slightly from 2003.



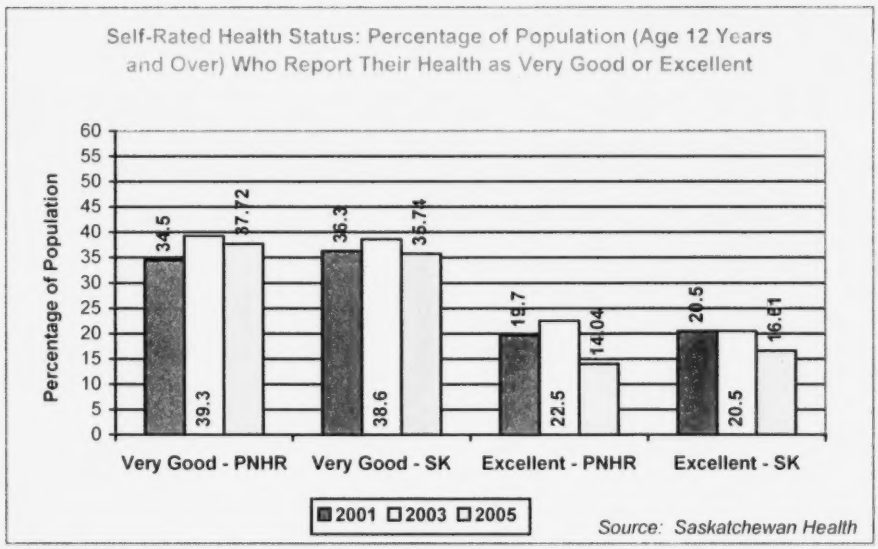
In Prairie North however, the percentage of people who are now active has dropped sharply (by 12%) in 2005 compared to 2003 levels, while the population that identifies itself as inactive has risen by that same 12%. Nationally, the portion of our population which claims it is active/inactive remains at about 50/50.

Based on the 2005 statistics, Prairie North must continue a strong emphasis on encouraging and supporting our population in increasing physical activity.

Self-Rated Health Status

Self-reported health is a general indicator of the overall health status of individuals. It is collected using a five-point reporting scale, ranging from excellent to poor.

Self-reported health tends to be influenced by age. Increasing age tends to lead to consideration of one's health as less than very good or excellent. In adolescents, girls tend to report lower levels of health than their male counterparts. Physical activity and nutrition are linked with higher levels of self-reported health status. Lifestyle factors including smoking, excessive drinking, and drug use have been associated with lower ratings of self-perceived health. Depression has been associated with reduced odds of reporting excellent or very good health, especially in women. Prevalence of chronic conditions is reflected in perceived health status. Higher family income has also been associated with better self-evaluation of health status.



Prairie North Health Region continues to have a higher percentage of its population rank its health as very good, than does Saskatchewan's population as a whole. However, rankings for both the Region and the province declined slightly in 2005 from their 2003 levels.

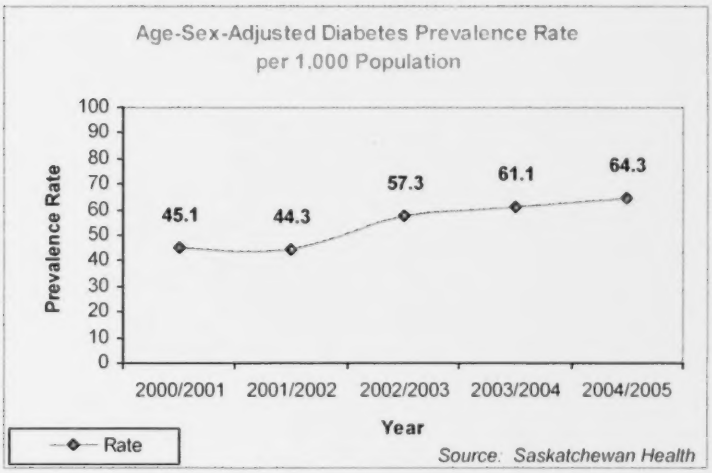
Similarly, smaller percentages of PNHR's and Saskatchewan's population rated their health as excellent in 2005, compared to 2003.

Saskatchewan's rate of excellent self-rated health status fell from consistent levels of 20.5% in 2001 and 2003, to 16.61% in 2005. Prairie North's level of excellent self-rated health status dropped even more sharply, from a high of 22.5% in 2003, to only 14.04% in 2005. National ratings of excellent health status also declined over the same period to just under 20%, while the country's percentage of health status rated at very good edged upward to 37%. Compared to the national numbers, residents of Prairie North rate their health status as slightly better than that of the country in terms of being very good, and considerably lower than that of the nation in terms of excellence.

Diabetes Prevalence Rate

Diabetes is a progressively debilitating disease associated with several other comorbidities or chronic disease complications. Diabetes carries high utilization costs and quality of life implications.

Incidence and prevalence of diabetes tends to increase with age. Individuals with long-standing obesity are at high risk of developing diabetes. Sedentary lifestyle in combination with other factors is also associated with high risk of developing diabetes. First Nations and non-Caucasian individuals have a higher risk of type II diabetes than Caucasians. The risk is reversed in type I diabetes.



Source: Saskatchewan Health

According to the latest statistics from Saskatchewan Health, Prairie North continues to experience an increase in the prevalence rate of diabetes. Prevalence rates indicate the number of individuals per 1,000 people who have a certain condition. The age-sex-adjusted rate takes into account differences in age and sex distributions between Saskatchewan's 13 health authorities.

Prairie North's age-sex adjusted diabetes prevalence rate remains third highest in the province, where it has been for each of the five years identified.

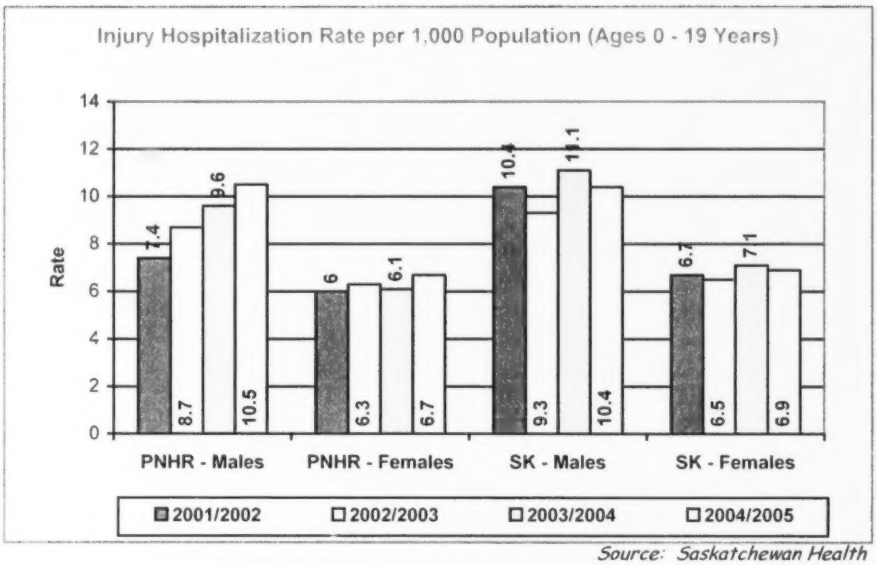
High or rising diabetes prevalence rates put pressure on the health system to increase health services related to the disease, including chronic disease management, diabetes education, renal and cardiac care. Additionally, strategic direction must focus on reducing the risk factors for diabetes such as obesity, physical inactivity, and nutrition. With Prairie North and Saskatchewan's growing First Nations population and the propensity for diabetes to afflict Aboriginal peoples, the necessity exists to work ever more closely with First Nation communities to deal with the risks and results of the disease for this significant sector of our citizens.

Injury Hospitalization Rates

Injury is the leading cause of childhood death in Canada, and is a leading cause of hospitalizations among Saskatchewan children. According to the Canadian Institute of Child Health, Saskatchewan had the highest provincial rate of hospitalizations in 1996 due to injury, for children and youth ages 0 to 19 years. Population health strategies have shown that injury prevention is possible, if it focuses on the risk factors involved. For example, targeting rural areas for increased awareness regarding farm injury can help reduce those injuries. Injury to children and youth can result in life-long disabilities, or even death.

As the following graph illustrates, Prairie North Health Region's injury hospitalization rate for children and youth has remained relatively constant for females, but continues to increase steadily and sharply for males. As the latest data for 2004/2005 shows, the injury rate for males in PNHR is above the provincial mark which fell in 2004/2005. The Region's injury rate for females is below the provincial level, which also fell slightly.

Consistent with the provincial trend, injury hospitalization rates for children and youth in Prairie North are considerably higher for boys than girls. Prairie North continues to focus on injury prevention through partnership initiatives including child safety seat and bicycle safety clinics.



Source: Saskatchewan Health

Note:

The source documents used by PNHR in creating the summary of health status and outcome indicators are prepared by Saskatchewan Health. They are:

Performance Management Accountability Indicators (May 30, 2007) and Performance Management Accountability Indicators Data Tables (May 30, 2007). Please refer to the Source documents for details on the indicators, calculations, and methodology.

Emerging Health Issues

Influenza Pandemic Planning

Planning continues for what most experts believe is an inevitable pandemic of influenza in the near future. All departments within Prairie North Health Region are involved in reviewing and updating their plans and coordinating them with the Regional and provincial plans. PNHR continues to work with companies, community organizations and municipalities to ensure they are aware of the impact a pandemic will have on them and to ensure they are aware of their role in pandemic planning and response. Coordination and cooperation is required to minimize societal disruption during a pandemic.

Infection Control Practices

While infection control is and always has been an active component of health care in Prairie North Health Region, heightened awareness and concern across the health care system has highlighted the importance of continued vigilance in maintaining and improving sterilization and other infection control practices to ensure patients are not exposed to infectious diseases in the course of receiving care. In PNHR, infection control coordinators and the Regional infection control committee involve managers from all Regional health care programs in the review of current practices through audits and other means, in the search for better practices, and in dissemination of that information via education sessions with frontline health care workers.

2006-07 Results at a Glance

This section highlights the significant events and accomplishments of Prairie North Health Region over the 2006-2007 operating year, including performance, strategic, operational, and financial achievements that pertain to our goals and the financial summary.

Goal 1 – Improved Access to Quality Health Services

- Committed to expanding Primary Health Care services in PNHR with signing of an agreement to develop a new PHC site in North Battleford in tandem with relocation of Population Health Services in the community. The new Primary Health Centre is to be operational in July 2007 with a team of health professionals, three nurse practitioners, five-to-seven physicians, and community laboratory services.
- Expanded Regional Telehealth services to Goodsoil to support Primary Health Care.
- Exceeded all targets for completion of surgical cases within time frames of three weeks, six weeks, three months and 12 months.
- Provided CT service to 3,578 patients, totalling 4,005 CT examinations in the first full year of CT service at Battlefords Union and Lloydminster Hospitals.
- Completed Mental Health and Addiction Services Review and developed action plan to implement the recommendations of the review.
- Completed Rehabilitation Services Review and began implementing its recommendations.
- Expanded outpatient/outreach services under Project Hope initiative.
- Operationalized Regional social detox unit and program at Meadow Lake in February 2007.
- Completed Wave 1 participation in Health Quality Council Chronic Disease Management Collaborative, and increased number of PNHR physicians participating in Wave 2 of the Collaborative.
- Established Therapeutic Integrated Paediatric Services (TIPS) team in October 2006 to provide specialized integrated service to children and families close to their home community.
- Completed participation in the HQC Technical Efficiency Fund project to optimize efficiency and improve access to Speech Language Pathology and Early Childhood Psychology services in Prairie North. Began implementation of strategies recommended to reduce wait lists.
- Supported the community of Paradise Hill in converting a portion of the former hospital to a personal care home.

Goal 2 – Effective Health Promotion and Disease Prevention

- Developed and adopted a Healthy Food and Nutrition Policy for PNHR.
- Developed and introduced Healthy Balance Kits to all 62 schools in PNHR.
- Conducted 10 meetings in seven PNHR communities to discuss and gather input from local residents on improving health in their communities.
- Continued development and education around Pandemic Planning, conducting meetings with four of five physician groups in PNHR.
- Held influenza education sessions for the public in 11 PNHR communities.
- Supported the Lloydminster Action for Smoke-Free Places committee toward its goal of 100% smoke-free work and public places. A plebiscite in the city endorsed the plan which came into effect January 1, 2007.

Goal 3 – Retain, Recruit and Train Health Providers

- Introduced a new recruitment incentive program in August 2006, and was successful in awarding bursaries to 21 candidates and signing recruitment incentive agreements with 63 individuals.
- Implemented a new attendance support policy and program in June 2006 to assist managers and employees in enhancing regular attendance at work. Paid sick leave hours were reduced by 5.18%
- Strengthened Workplace Wellness initiatives with introduction of FISH philosophy Region-wide. Ten of PNHR's 27 Workplace Wellness Committees have adopted and implemented FISH.
- Established Regional Representative Workforce Committee in December 2006 and initiated self-identification process to determine Aboriginal percentage of workforce.
- Conducted 31 Aboriginal Awareness Training Sessions in PNHR in 2006-2007 with 289 participants.
- Continued promotion and support of student practicums through partnerships with educational institutions, and began training for provincial program to assist with tracking of practicum students.
- Implemented nurse educator positions at all three major acute care sites in Prairie North – Battlefords, Lloydminster and Meadow Lake.

Goal 4 – A Sustainable, Efficient, Accountable and Quality Health System

- Developed and began implementation of new three-year Strategic Plan for PNHR.
- Began construction in April 2006 on the new Maidstone Health Complex.
- Initiated planning for the replacement of Saskatchewan Hospital North Battleford and used the opportunity of access to the contracted planning consultants to begin functional programming review for redevelopment of Battlefords Union Hospital.
- Began functional programming for redevelopment of Lloydminster Hospital and Dr. Cooke Extended Care Centre in Lloydminster.
- Partnered with East Central Health (Alberta) to commission an external review of the levels of funding provided by Saskatchewan and Alberta for services in Lloydminster.
- Established patient safety as a critical focus in all health services programming, and developed and began implementation of a Regional patient safety framework.
- Expanded the Region's Continuous Safety & Quality Improvement program to begin thorough preparation for the June 2007 Canadian Council on Health Services Accreditation survey.
- Enhanced communication with PNHR internal and external stakeholders through launch of new Internet and Intranet websites, and introduction of new PNHR newsletter.

Financial Summary

- Concluded the 2006-2007 operating year with a $1.4 million surplus.
- Remained within the provincial target of 5% of total operating expenses for expenditures on program support/administrative services.
- Maintained a strong working capital position to place PNHR positively for 2007-2008.
- Utilized the Region's 2005-2006 surplus to support capital equipment purchases under a multi-year approach to improving patient/staff safety.

2006-07 Performance Results

Prairie North Health Region embraces the opportunity to be accountable through the Annual Report for the initiatives we pursue, the dollars we spend, and the results we achieve. The information which follows demonstrates our accountability and communicates our progress toward our goals.

Each spring through annual plans and budgets consistent with our Strategic Plan, Prairie North sets out a series of activities and initiatives to help us move further toward achieving our Goals. The Goals are directed toward actualizing our Vision of "Healthy People in Healthy Communities."

As we implement the elements approved in the annual Operating, Capital Management, and Capital Equipment Plans and Budgets, and the numerous program plans, we monitor our progress and make adjustments required along the way. As we prepare the coming year's plans and budgets, we assess the degree to which we've been able to meet our annual plans in accordance with our Strategic Direction. Only by monitoring and assessing where we are can we tell how far we have come, and how far we have yet to go.

The results are used to help us map our priorities for the coming year and years ahead, in the overall context of our Strategic Plan. Adjustments are made to accommodate competing or changing priorities. The Strategic Plan itself is reviewed and revised to provide the overall direction for the annual plans.

All of this is done in collaboration with Saskatchewan Health and in concert with the funding dollars provided through government. We monitor our progress and evaluate the results so that all of our stakeholders can assess our success. That success is measured not only in terms of whether we initiated or completed what we said we were going to do but, more importantly, that our actions and initiatives have a positive impact on the health of our patients and communities, and on the care and service we provide.

Goal 1 – Improved Access to Quality Health Services

Improving access to quality health services is first and foremost about the patients, residents and clients we serve. It is about providing individuals with the care they need when they need it, in as timely a fashion and as efficiently and effectively as possible, by the right health professional or team of health professionals, with the right skills, expertise, and equipment, and in the most appropriate location. It is also about that service being the best we can provide with the resources we have. The client is the focus.

Most often, enhancing access equates to improving the way we provide service; targeting specific issues, areas, and opportunities; and integrating our expertise through teams and collaboration. Ensuring quality focuses on meeting or exceeding professional standards, and using best practices in all that we do.

Prairie North Health Region continued to make significant progress toward reaching our Goal of Improved Access to Quality Health Services. We did so through planned focus on and development of several initiatives launched in the previous operating year. We moved forward on opportunities to access provincial support for participation in projects and services. We continued to emphasize collaboration and team approaches to better coordinating, planning and delivering services to patients and clients. We maintained our focus on advancing the Primary Health Care agenda. We fully operationalized CT services introduced just prior to the previous year's end. We completed and began actioning recommendations of reviews that were initiated in 2005/2006.

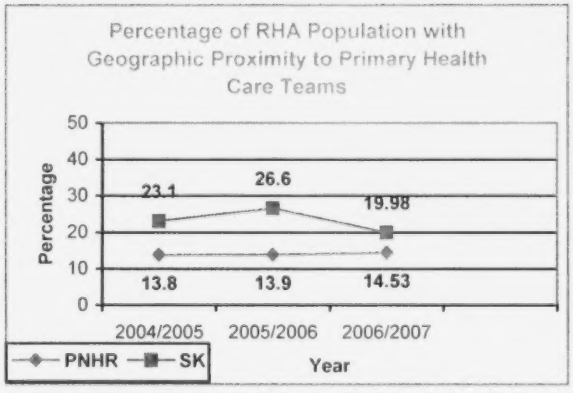


Primary Health Care

Prairie North Health Region is committed to maintenance and expansion of Primary Health Care services and the Primary Health Care model with the individuals, families, communities and populations we serve.

In the past year, much emphasis was placed on stabilizing physician and nurse practitioner services in the Loon Lake/Goodsoil area. These services had been seriously challenged through much of 2005/2006 to attract and retain a full complement of two PHC physicians and two nurse practitioners. The services were stabilized in the fall of 2006 with recruitment of a new doctor and a new nurse practitioner to provide service in the communities. The Region was successful in maintaining access to other members of the Primary Health Care Team for residents of that area.

Prairie North was also successful in expanding physician services at Battlefords Family Health Centre in downtown North Battleford, adding the services of two general practitioners to the Primary Health Care Team on designated days of the week. The addition was the first phase in the Region's plan to substantially enhance access to Primary Health Care services in The Battlefords. In February 2007, Prairie North announced plans to establish a new Primary Health Care centre in the Frontier Mall in North Battleford. In addition to the Team of up to seven physicians and three nurse practitioners, clients will have on-site access to all of Prairie North's Population Health (Community/Public Health) Services, and a community-based collection site for laboratory work. The new Primary Health Centre, as it will be known, is to open in the summer of 2007.



Overall, the percentage of PNHR's population with geographic proximity to PHC Teams has been slowly increasing since 2004/2005, to 14.53% by the end of 2006/2007. The figure remains behind the provincial level of 19.98% as of March 31, 2007. The provincial target is 25% of Saskatchewan residents by 2006, and 100% by 2011. With opening of the new Primary Health Centre in North Battleford, Prairie North expects to achieve a significant jump in 2007/2008 in its percentage of population with close access to PHC Teams, and in its number of discrete clients served by PHC Teams.

In the past year, between approximately 2,100 to 2,400 discrete clients received Primary Health Care services per quarter in Prairie North. Discrete clients are defined by Saskatchewan Health as patients of the physicians and nurse practitioners on the Region's primary health care teams. The precise numbers are 2,465 in Quarter 1; 2,107 in Quarter 2; 2,399 in Quarter 3; and 2,173 in Quarter 4. This is the first year of reporting for this indicator, so comparative numbers for previous years are not available.

To further support Primary Health Care and Prairie North's strategic priority to expand Regional Telehealth services to PHC sites, Prairie North introduced Telehealth services to Goodsoil in December 2007. The Goodsoil Telehealth site is the first in the province to be initiated as a component of primary health care site development. The technology now links patients and PHC Team members in that part of our Region with clinical and non-clinical services and supports in Prairie North's other three Teleheath sites in Meadow Lake, Lloydminster, and The Battlefords, as well as with the Telehealth network province-wide.

Another component of Primary Health Care services is the Saskatchewan HealthLine system that provides all Saskatchewan residents with 24-hour access to free health information and advice. Prairie North residents are strong users of the HealthLine network, placing 7,329 calls to the service in 2006/2007. This represents 8.5% of the provincial total of 86,586 calls to HealthLine in the past year, and is the third highest level of usage of all residents of Saskatchewan RHAs. This may be due in part to wider knowledge and acceptance of the service due to the existence of a similar service in Alberta. Residents of Lloydminster, SK have access to Alberta's HealthLINK system which began operation prior to HealthLine. Conversely, Lloydminster, AB residents can access Saskatchewan's HealthLine. Data is not available as to the number of calls from Prairie North residents to HealthLINK. Prairie North also continues to promote use of HealthLine through its publications, advertising, websites and other venues. This is the first year of reporting for this indicator, so comparative numbers for previous years are not available.

Chronic Disease Management

Prairie North Health Region is an active participant in the Health Quality Council's provincial Chronic Disease Management Collaborative (CDMC) to improve the coordination and management of care and services for individuals with diabetes and coronary artery disease. Four PNHR physicians participated in Wave 1 of the Collaborative serving a total of 325 clients.

Wave 2 of the Collaborative began in November 2006 and continues until March 2009. Ten Prairie North physicians are participating in Wave 2 serving 847 clients. The HQC continues its support and monitoring of the program, and will evaluate and report on the results.

Wait Lists

Diagnostic Imaging

Prairie North Health Region completed its first full year of operation of its new Computed Tomography (CT) services in The Battlefords and Lloydminster. The Battlefords service began operation in October 2005. The Lloydminster service became operational in January 2006.

The Region experienced the usual, to-be-anticipated challenges with equipment, technology, and staffing associated with bringing a new service on stream. Of course, when services begin they do not do so at 100 per cent capacity or efficiency. Building to those levels is achieved over time.

PNHR was slightly under target for 2006/2007 in the number of patients receiving CT services. The Region made progress toward achieving its targeted number of exams, though a shortage of CT technologists kept us from reaching our goal. Recruitment has recently been successful and our ability to reach our targets will remain linked to retention and ongoing recruitment.

Number of Patients as a Percentage of Agreed on Target for CT Services - PNHR

	Patients			Exams		
	Actual Number	Target Number	Actual as % of Target	Actual Number	Target Number	Actual as % of Target
2005/2006	698	1,125	62.0%	813	1,875	43.4%
2006/2007	3,578	3,828	93.5%	4,005	5,448	73.5%

In accordance with our Strategic Plan and our priority to provide timely and appropriate Diagnostic Imaging (DI) services, Prairie North moved forward in 2006/2007 with implementation of the recommendations from the DI Review conducted the year previous. A Regional DI Director is in place to oversee the program. The hours of operation of the DI Department in Meadow Lake have been expanded and plans are in place to expand the hours of operation for the DI Department in North Battleford. Implementation is contingent on successful recruitment and retention of staff. Additional changes to DI service on a Regional basis are being planned in conjunction with the results of the Laboratory Services Review also conducted in 2005/2006. A joint action plan is being developed to address DI and Lab services in PNHR's rural sites where the two are integrated.

Surgical Services

Prairie North Health Region provides surgical services in accordance with the provincial framework, policies and procedures of the Saskatchewan Surgical Care Network (SSCN), including monitoring and tracking of patients and managing to ensure they receive care according to their level of need and within the province's target time frames for surgical services. This process is the Saskatchewan Surgical Patient Registry in which Prairie North participates.

In the past year, Prairie North exceeded all targets for completion of surgical cases within the time frames established by Saskatchewan Health. The targets for the province as a whole were revised in 2006/2007 from levels of the year previous. To residents of Prairie North Health Region, the indicator means minimal delays are experienced in accessing the surgical services available at the three surgical sites in PNHR.

Percentage of Surgical Cases
Completed within Target Time Frames - PNHR

	Priority Level I (Within 3 Weeks)		Priority Level II (Within 6 Weeks)		Priority Level III (Within 3 Months)		Priority Level IV (Within 12 Months)	
2004/2005	81.3%	SK Target	77.0%	SK Target	95.9%	SK Target	------	SK Target
2005/2006	98.1%	-----	95.5%	95%	97.3%	80%	100%	80%
2006/2007	97.4%	95%	96.6%	90%	98.8%	90%	100%	90%

In total, 4,405 surgeries were performed in 2006/2007 at Battlefords Union, Lloydminster, and Meadow Lake Hospitals, representing 98.2% of the target of 4,488 surgeries for PNHR. The total number of surgeries performed in Prairie North in the past year is shy of the target by 83, however, the target itself was higher by 327 from the year previous. In 2005/2006, Prairie North Health Region performed 175 more surgeries than was projected (104.2% of the target of 4,161). The Region still performed 69 more surgeries in 2006/2007 than it did in 2005/2006. In 2004/2005 as the Surgical Registry system was introduced in Prairie North, the number of surgeries performed in the Region is shown at 3,090. However, the number may have been undercounted due to data entry difficulties with the introduction of the Registry.

The annual summer slowdown at all three surgical sites due to staffing availability, coupled with physician educational leave, are primarily responsible for Prairie North falling slightly short of its target number of surgeries in the past year.

For 2007/2008, the Region anticipates another summer surgical slowdown however, with introduction of a third general surgeon to Lloydminster and a full-time resident ophthalmologist to the Region, we anticipate our surgical program will experience a busy year ahead. PNHR has also submitted a proposal to Saskatchewan Health to increase the targeted baseline number of dental surgeries and cataract surgeries.

Speech Language Pathology/Early Childhood Psychology Services

Prairie North Health Region undertook a special project in 2006/2007 to explore ways to improve access to service and reduce wait lists for children in need of SLP and ECP services. The project was conducted with the support of the Health Quality Council Technical Efficiency Fund.

The project used computer generated models to test the effectiveness of various strategies and resulted in provision of optional recommendations with the expected benefits of implementing each. Since then and based on the options presented, Prairie North has added two SLP Assistant positions to support the program for both paediatric and adult services. These two positions will help sustain the SLP Program in the face of ongoing SLP shortages. As well, the SLP program adopted a block treatment approach to service delivery. This has defined a 10-week treatment schedule per client resulting in a faster service flow.

Since implementing the block treatment approach and adding the paraprofessionals, PNHR has seen a decrease in client wait lists in 2006/2007 from 130 to 118 clients in Meadow Lake, and 130 to 86 clients in The Battlefords. Lloydminster's wait list has remained static due to a two-month SLP vacancy and hiring a paraprofessional in only January 2007.

Emergency Medical Care

Prairie North Health Region developed and initiated a strategy to address nursing shortages in the Emergency Department at Battlefords Union Hospital. In June 2006, local paramedics and licensed practical nurses at BUH began working in the ER, under the supervision of the ER physician and ER charge nurse. Ongoing registered nurse shortages and success of the LPN/Paramedic trial resulted in the posting of four paramedic and four LPN positions at the site. All four LPN positions are filled, along with three of the four paramedic spots. Recruitment continues toward filling the fourth paramedic position.

In late 2006, the Region also implemented a multi-disciplinary Utilization Team at BUH to promote efficient use of the ER and inpatient resources by close monitoring of discharges and admissions. The strategy has proven effective to date by increasing appropriate bed utilization and enhancing timely appropriate discharge of patients. This reduces the challenges of admitting patients through the ER, by improving bed availability. The Team has also developed policies around utilization of "flex beds", and improving coordination of physician-to-physician services for patients.

Prairie North provides 24/7 emergency medical care through a combination of privately contracted and Region owned/operated ambulance services, as identified earlier in this report. Additionally, the Region maintains a comprehensive network of First Responders who provide preliminary emergency care until ambulance personnel arrive, particularly in rural, more remote areas of Prairie North. Sixty-five (65) per cent of PNHR communities have First Responder programs, with 150 trained First Responders in the Region. First Responder groups are primarily established in communities 30 minutes or more from ambulance services. In the past year, two First Responder courses were conducted in Lloydminster and Goodsoil. The Goodsoil session trained responders for that community as well as for Loon Lake and the Ministikwan First Nation. More courses are planned for 2007/2008.

Specialized Services

Renal Dialysis

Prairie North delivers renal dialysis service at its two Regional hospitals. The five-chair satellite unit at Lloydminster Hospital is operated by the Northern Alberta Renal Program, managed by Capital Health Region in Edmonton AB. This unit serves people from Lloydminster and area on both sides of the border.

The program at Battlefords Union Hospital is a six-chair satellite of the Saskatoon Health Region Renal Dialysis Unit at St. Paul's Hospital in Saskatoon. The BUH program provides service three days per week and is able to dialyze six people in the morning and six in the afternoon, totalling 12 treatments per operating day.

PNHR was given government approval in the fall of 2006 to expand the hours of operation in the BUH unit. However, nursing staff shortages within the hospital prohibited the expansion. In response, staff of the unit developed an alternate proposal to physically expand the unit's space and number of dialysis chairs so that additional dialysis services could be provided with the current staffing complement. Saskatchewan Health approved the proposal prior to the fiscal year end. Plans for the space renovation and expansion are to move forward in 2007/2008.

Rehabilitation Services

Between March 2005 and May 2006, PNHR undertook a comprehensive review of its Rehabilitation Services in an effort to optimize the provision of those services throughout the Health Region within existing levels of funding. Results of the review were received in 2006/2007 and included recommendations to regionalize rehabilitation programs, improve accessibility, integrate services, ensure and support a competent workforce, and measure and evaluate services.

In the past year, progress has been made to address the recommendations of the review. Highlights include implementation of regular Regional meetings with each discipline; implementation of annual networking days for Rehabilitation professionals; development and implementation of a Regional Therapeutic Integrated Children's Services Team; and implementation of a standardized statistics process, based on Medical Information System standards, throughout all rehabilitation disciplines.

In the year ahead, staff from the six rehabilitation programs will continue their focus on the review and development of related work plans for action over the next two to four years.

Therapeutic Integrated Paediatrics Services (TIPS)

To help address the need for specialized services for complex needs children and their families in Prairie North, the Region established a Therapeutic Integrated Paediatric Services (TIPS) program. The program consists of one Regional and three local teams to provide service to clients close to their home community. The Regional Team of professionals including PNHR's resident paediatrician travels the Region to conduct client assessments in each of our three major communities twice per year. The local teams of professionals then provide the service, accessing the Regional team for clinical advice and expertise. The overall benefits of the TIPS process are intended to be provision of an integrated team service with improved inter-disciplinary communication; specialized services provided locally; and avoidance of service duplication.

Between start of the program in September 2006 to the end of March 2007, the Regional Team achieved its target of providing two-day comprehensive sessions at least once in each of The Battlefords, Lloydminster, and Meadow Lake. Four Regional clinics were held, with 31 individual children and their families being seen by the TIPS Team.

Continuing Care

Supportive Housing

In late 2005, PNRHA gave its support to what it defined as a pilot project to redevelop a portion of the former Paradise Hill Union Hospital into a personal care home operated by the community. The project was initiated by the Paradise Hill and District Advisory Committee. Prairie North's support is in use of the former hospital wing for a five-year period, along with one-time financial support for initial renovation costs. The Region's Paradise Hill Health Centre continues to operate from the site which is owned by Prairie North. The 10-unit Paradise Hill Personal Care Home began operating in 2006/2007, and has thus far maintained near full occupancy by local and area residents who can no longer live independently, but who do not require placement in long term care. PNHR's Home Care program provides supports to residents based on assessed need.

Prairie North continues to support development of a new 60-unit Supportive Housing complex in LLoydminster. As identified earlier in this report, the project was initiated by East Central Health and is owned and will be operated by Connecting Care, a private company. Operating funds are provided by East Central Health through PNHR. Home Care will provide some nursing and case coordination services for the project. Construction began in October 2006 with completion slated for January 2008.

Transition Unit

A six-bed Transition Unit was opened in January 2006 at Lloydminster Hospital. The intent is to provide a structured, supportive environment that would prepare patients to be discharged home or to a supportive care facility. Patients of the unit are selected according to their potential for functioning in these environments. The patients are medically stable without a need for acute care, but with a need for additional therapy support and/or a supportive structure to enhance their abilities for a successful transition to their home.

The program was evaluated in late 2006. In its first year of operation, the average length of stay on the Unit was 14 days; occupancy was 90% on a consistent basis; and the success rate in discharging clients home was close to 60%. Based on the evaluation and the ongoing continuing care needs in Lloydminster and the Region, decision was made to continue operation of the unit with the view to expanding it to 10 beds based on staffing and in the context of the overall functional programming plan for Lloydminster Hospital.

Mental Health and Addictions Services

Prairie North Health Region embarked in 2005/2006 on a comprehensive review of its Mental Health and Addictions Services. The aim was to ensure that the services are meeting the needs of the target population; reflect PNHR's Vision, Mission, and Values; and are consistent with The Action Plan for Saskatchewan Health Care.

The review was completed in May 2006 and concluded that the PNHR program is strong, is doing a good job, and provides efficient services by provincial comparison. The review identified the program's strengths, a number of challenges, and areas for improvement.

The Mental Health and Addictions Services team has now developed a five-year plan to address the review's recommendations and the areas for improvement identified through the Accreditation self-assessment process that was conducted in 2006/2007. Timelines, accountabilities and indicators are built into the plan which has already begun to be implemented.



Addiction services across Saskatchewan are moving to implement a new data collection system (Alcohol and Drug Client Information System - ADCIS) beginning in April 2007, to facilitate consistent information that is comparable province-wide. For the past year, data collected manually indicates clients in Prairie North Health Region waited an average of 26 days for inpatient alcohol and drug services through the Slim Thorpe Centre in Lloydminster. The wait time is in the mid-range of averages for the six inpatient programs in the province. The provincial range is from 12.9 to 54.5 days.

The average wait time for admission to alcohol and drug detoxification services in Prairie North is 3.5 days for 2006/2007. The data relates only to the Slim Thorpe Centre in Lloydminster, and does not include figures for the Robert Simard Social Detox Unit in Meadow Lake which began operation late in the fiscal year. Again, PNHR's average wait time is in the middle of the provincial range of 0.2 days to 7.0 days. This is the first year such data is being included in health region annual reports. Comparative data from prior years is unavailable.

Details are not available as to the average wait time for admission to alcohol and drug outpatient services. Data collection through the ADCIS system began in April 2007.

Project Hope

PNHR strongly supports the province's Project Hope action plan against substance abuse. In the past year, the Region continued development of initiatives aimed at individuals, families, addictions professionals and communities to fight substance abuse. Under Project Hope in the past year, Prairie North introduced three new counsellor positions to provide assessments, treatment, case management, and outreach services for at-risk youth. The Region provides addictions services for youth at risk in Lloydminster, Meadow Lake, and The Battlefords, and for addictions outreach programming in communities throughout Prairie North. Additionally, through Project Hope, the Community Supports Program in partnership with the Department of Community Resources in Meadow Lake, The Battlefords and Lloydminster, and Catholic Family Services in The Battlefords, provides counselling, assessment, consultation, and respite services to families encountering addictions-related issues.

In the past year, Project Hope initiatives in PNHR have provided resources to deliver services to approximately 120 youth clients.

Additionally, Project Hope has committed funding to support Prairie North's decision to operationalize a four-bed social detox unit in Meadow Lake. The unit began serving clients February 5, 2007. Individuals who are 18 years of age and over, and who are deemed medically stable, can be admitted to the Unit for a period ranging from four to 21 days. During this time, they are expected to become fully physically detoxed, and receive counselling and support to facilitate moving forward in treatment. The program works with other groups, programs, and supports in the community to deliver services in an integrated, holistic manner.

The detox unit is officially known as the "Robert Simard Social Detox Unit", bearing the name of a long-time Meadow Lake resident who was instrumental in addictions services and programming in the community and area. The unit was built into the Northwest Health Facility in Meadow Lake when the health complex was constructed in early 2000. Since that time, the Meadow Lake detox unit remained unused as it was originally intended. Prairie North is proud to have been able to operationalize the unit, under the continued encouragement and support of the community.

Saskatchewan Hospital

Saskatchewan Hospital North Battleford is our province's only specialized psychiatric rehabilitation hospital. It currently functions with 156 beds including a 24-bed Forensic Unit. Service delivery at SHNB includes short term rehabilitation services; forensic services; extended rehabilitation services; respite, assessment and consultation on a provincial basis; and outpatient services including assessment, psychosocial programs and follow-up, along with liaison with other service providers. Care delivery focuses on ensuring individualization – that care for each patient is geared to their specific needs; normalization – providing care in as home-like, normal environment as possible; continuity; and patient/family involvement.



The average wait time for admission to SHNB continues to vary from year to year, depending on factors such as availability of beds for placements, progress of individual clients toward discharge from the program, and the ability to discharge clients back to their home communities. SHNB functions at capacity with few, if any, beds vacant to accommodate immediate admissions. According to the most recent statistics, the average wait time for admission to SHNB in 2005/2006 was 42 days.

The above indicator does not include admissions to the Forensic Unit. Wait times are minimal. Individuals are admitted directly by order of the justice system. Admissions to the unit remain high, at 165 in the past year, down about 10% from the previous two years.

GOAL 2 – EFFECTIVE HEALTH PROMOTION AND DISEASE PREVENTION

Prairie North Health Region strongly endorses the priority of moving our population toward an emphasis on being and staying healthy, and on individual and community responsibility for achieving and supporting healthy living and healthy environments.

PNHR continued implementation of its Population Health Promotion Plan with numerous initiatives in its four priority areas: accessible nutritious food, active communities, decreased, substance use/abuse, and mental well-being. Prairie North's Population Health Promotion Team consists of two Population Health Promotion Coordinators, one Project Hope Population Health Promotion Coordinator, one Public Health Nutritionist, and one Dental Health Educator. Team members partner and work with a host of other PNHR professionals, as well as with resources in our communities to help achieve their Population Health goals.

The true success of the Plan can be identified only over the long-term by measuring the health status of the population and monitoring health status indicators. On an ongoing basis, health systems must continue to target and monitor health issues individually and work to positively influence the factors that affect health.

We must remain mindful that health programs, services and systems alone cannot create and sustain the health of a population. Individuals, communities, and society as a whole – of which the health system is one part – must recognize, accept, and act on their responsibility for improving the health of the population and preventing disease.

The Region must be fully cognizant of health issues and concerns of First Nations residents who comprise a significant segment of the population. Respecting First Nations authority and autonomy, Prairie North strives to work in partnership with Aboriginal communities and organizations to improve the health of their citizens seeking and using PNHR services. Partnership and collaboration are key in striving to positively impact the many factors that influence health, such as education, economics, employment, and others. As discussed earlier, the health system alone cannot resolve the health issues facing Aboriginal people.

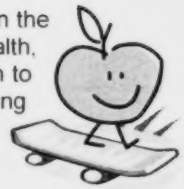
HEALTHY FOOD AND NUTRITION

A Healthy Food Policy has been developed for implementation within all PNHR facilities, sites and functions. The Policy was formally adopted by the PNRHA Board in November 2006. The policy is:

> *"Prairie North Health Region values the benefits of healthy lifestyles and supports environments that promote healthy food choices. All functions supported by the health region will offer food choices consistent with Health Canada's nutrition recommendations, including Canada's Food Guide."*

Tools, plans and processes are being developed for implementation of the policy throughout the Region in 2007/2008 and evaluation over five years. Efforts will also be underway with educational divisions and schools in PNHR to develop and implement school nutrition policies and guidelines. As of September 1, 2006, three of the 62 off reserve schools in Prairie North were implementing health food nutrition policies. That represents 4.8% of off reserve schools in the Region. The range across the province is 0% to 27.3%

PNHR developed and introduced its new Healthy Balance Kit to all 62 off reserve schools in the Region. The Kit focuses on good physical health including nutrition, exercise and dental health, and mental well-being. The Kit serves as a resource for educators and includes information to develop healthy school policy. It includes information to support families in encouraging healthy lifestyles. "Nutritious Ned" is the Healthy Balance Kit logo and was developed by Paradise Hill Grade 6 student Sam Haugham. "Nutritious Ned" is intended to help staff, students and community members choose healthy options to establish healthy lifestyles.



Tobacco Use Reduction

Prairie North Health Region actively supported the Lloydminster Action for Smoke Free Places campaign, the goal of which was to move local authorities to establish the city as smoke free in work and public places on both sides of the border. The Saskatchewan Tobacco Control legislation applied only on the Saskatchewan side of Lloydminster. The Alberta legislation restricted smoking in places where children were permitted. The campaign was successful in petitioning the city to hold a plebiscite on the issue in conjunction with the October 2006 municipal election. Lloydminster residents voted nearly 75% in favour of banning smoking in work and public places city-wide. A bylaw was enacted and came into effect January 1, 2007. PNHR has offered to expand its tobacco control enforcement activities in public facilities on both sides of the border.

PNHR Public Health Inspectors/Tobacco Control Enforcement Officers continue to enforce Saskatchewan's Tobacco Control Act in Prairie North. Due to system implementation issues at the provincial level, data on the percentage of facilities in compliance with The Tobacco Control Act in the category that includes billiard halls, bingo establishments, bowling centres, casinos, restaurants, and taverns remains unavailable.

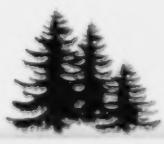
Collaboration with Partners and Communities

Prairie North's Population Health Promotion Team, Primary Health Care and Community Development staff partnered in reaching out to communities to discuss and gather input from local residents on improving health at the local level. Ten meetings were held in seven communities to consult with local residents. Approximately 75 community members participated. The consultations were held in Cut Knife, Glaslyn, Goodsoil, Lashburn, North Battleford, Pierceland and Turtleford. Follow-up sessions and further consultations are anticipated for 2007/2008 as the Region continues to educate, inform, and assist communities and individuals regarding actions they can take locally to improve health for themselves, their families, neighbours, and communities.

Pandemic Planning and Influenza Education

PNHR's Medical Health Officer has taken a lead role in coordinating Saskatchewan's Pandemic Influenza Planning activities. A number of managers from Prairie North participated in a provincial planning workshop in March 2007. The Region continues to work on development of its overall Pandemic Plan.

In the past year, the MHO made presentations to physician groups in The Battlefords, Meadow Lake, Lloydminster and rural sites to educate and discuss pandemic plans, preparations, concerns, roles, responsibilities, and expectations. The MHO conducted meetings in 11 PNHR communities to speak with the public about seasonal, avian, and pandemic influenza. Some 70 people attended to learn about the differences between the types of influenza; what impact each may have on individuals, families and communities; what is being done around pandemic planning; and what can be done to prepare for a pandemic. Education and awareness activities will continue in the year ahead.



GOAL 3 – RETAIN, RECRUIT AND TRAIN HEALTH PROVIDERS

Recruiting and retaining an adequate number of trained, competent employees to provide quality health care is the key to the future of our services, our Health Region, and the health system as a whole.

Consistent with the situation across our province, country, and globe, Prairie North is pressed to attract and keep health professionals spanning the wide spectrum of patient care, support, and administrative services we provide. A comprehensive, creative, and effective Health Human Resources Plan is essential to Prairie North's success in meeting each of our Strategic Goals including retaining, recruiting and training health providers; improving access to quality health services; providing effective health promotion and disease prevention; and ensuring a sustainable, efficient, accountable and quality health system.

Prairie North dedicates significant time, energy and resources toward attracting health professionals in today's highly competitive and challenging market. Regardless of our actions and results, more always remains to be done. Shortages in key health professions including physicians, nurses, pharmacists, medical laboratory and radiographic technologists, therapists, psychologists, managers, and others are ongoing.

Prairie North works at the local level to promote health professions to elementary, intermediate and high school students, as well as adults. However, increasing the supply of available health care providers is not Prairie North's alone to achieve. Training programs, educational institutions, and governments must all continue working to improve the situation. Long-term solutions and support are essential. In the meantime, our Health Region strives to do the best we can to attract, support and retain health providers. Challenges particularly abound in our rural locations and dictate the levels of service we can provide.

Prairie North continues to make strides toward achieving our recruitment, retention, and training goal. We have been focused and creative in our ideas and actions. We continue to explore new avenues and opportunities to improve our workplace with the aim of moving Prairie North to being a preferred health services employer.

RECRUITMENT AND RETENTION

Incentives and Bursaries

PNHR has expanded its recruitment and retention program to become more aggressive and successful in attracting and keeping staff. The Region established and regularly updates its hard-to-recruit list of employee positions where significant vacancies exist and/or where positions have been vacant for lengthy periods of time. Recruitment to these positions is supported by signing and relocation incentives, as well as a new bursary program. PNHR also established a dedicated Recruitment and Retention Labour Relations Consultant position to focus on these areas. The position was filled as the 2006/2007 operating year ended.

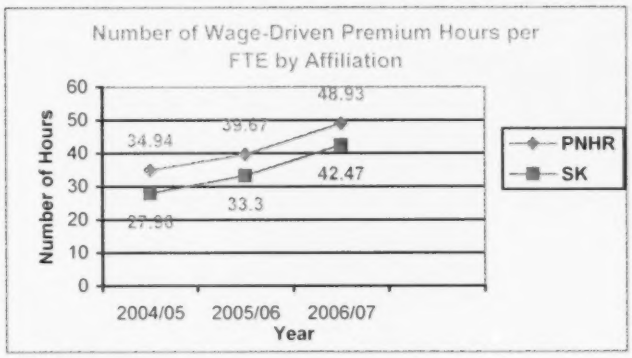
PNHR signed 63 individuals under recruitment incentives between August 2006 to early into the new fiscal year. The Region has awarded bursaries to 21 candidates under its new bursary program established in August 2006. The bursary program provides a maximum $7,500 over three years starting in the second year of a recipient's education, with a maximum three-year return for service commitment to PNHR. Prairie North will see results of the initiative as the students complete their training from December 2006 through September 2009 and come to PNHR to work. The bursary recipients are primarily registered nursing, registered psychiatric nursing, and licensed practical nursing students.

Prairie North's bursary and recruitment programs are additional to those offered by the province, with the return-for-work service commitment payable concurrently.

Health Human Resources Planning and Utilization

In addition to our focus on recruitment of new employees, Prairie North closely monitors the utilization of its existing workforce, and continues working to identify gaps and future needs throughout. Tracking and monitoring of overtime hours and other wage-driven premium hours helps us to identify problem areas. It also helps us to determine where we have achieved successes in recruitment, retention, and other workforce and workplace initiatives, and where we need to direct or redirect resources.

Overtime hours continue to be a major concern for Prairie North Health Region and the health system as a whole. Overtime hours can be associated with understaffed areas or with professions/positions that are hard to recruit to and/or difficult to retain. Overtime hours tend to increase during periods of peak utilization and sick time – as sick time goes up and the available pool of employees diminishes, managers are pressed to bring in staff and/or keep staff in overtime situations. Continual overtime hours tax employees' ability to fulfill their commitments as workers, and to maintain high standards of care and service. Absenteeism and higher levels of Workers' Compensation Board claims may result. The cycle toward requiring increased overtime can spiral. More efficient utilization of staff mixes and staffing to appropriate levels to maintain services helps to reduce reliance on overtime.



In the past year, Prairie North experienced an overall, sharp increase in its total number of wage-driven premium hours per full time equivalent (FTE), as did Saskatchewan as a whole. The figures do not include Prairie North's Alberta employees. As the graph (left) shows, PNHR's rate has been and remains above the provincial level.

Excluding Alberta employees who are not included in the SAHO payroll system, the number of wage-driven premium hours per FTE for each employee group continues to rise for Prairie North:

CUPE 39.22 in 2006/2007, compared to 28.19 in 2005/2006, and 24.77 in 2004/2005
HSAS 23.91 in 2006/2007, compared to 22.35 in 2005/2006, and 21.47 in 2004/2005
OOS 5.44 in 2006/2007, compared to 4.67 in 2005/2006, and 2.61 in 2004/2005; and
SUN 105.31 in 2006/2007, compared to 94.51 in 2005/2006, and 81.03 in 2004/2005.

Prairie North's rate for its SUN employees is well above the provincial level of 81.54. PNHR's provider union (CUPE) rate is also higher than the provincial mark of 36.85; as is our Region's figure for OOS staff compared to the provincial number of 3.46. Only Prairie North's number of HSAS employees is below the provincial level of 25.44.

The information confirms in part the health system's ongoing shortage of health professionals, particularly in the areas of nursing and other hard-to-recruit positions. Prairie North's sharp rise in CUPE premium hours is also a reflection of the Region's challenges in maintaining adequate staff numbers in support positions, particularly in and around Lloydminster. The increase in OOS premium hours primarily reflects managers having to fill in for vacant or absent shifts in nursing and rural areas.

Student Placements

PNHR continues to promote and support student practicums through partnerships with a number of educational institutions. The Region has accommodated and benefited from 17 Nursing Education Program of Saskatchewan (NEPS) student placements in the past year. Commitment has been made by Prairie North to implement a provincial program through the Academic Health Sciences Centre to assist with tracking and coordination of all student placements at the Regional level. Currently in Prairie North, many practicums are set up through individual managers, making the overall program difficult to track.

Prairie North actively promotes health care professions to elementary and secondary school students through direct presentations and participation at career fairs throughout the Region. In the position's first two years, our Representative Workforce Coordinator has reached over 1,000 students Region-wide. Encouraging and educating students around health care careers is also achieved through health services volunteerism. PNHR currently has 205 student volunteers, primarily in The Battlefords, with opportunities available across the Region.

Prairie North has developed a Career Laddering/Career Pathing proposal, a component of which identifies, promotes, and tracks opportunities for job shadowing. The Region already facilitates job shadowing requests from the Combined Lab and X-Ray Technician (CLXT) Program in Alberta, as this is a requirement for students entering the program.

Leadership Education and Training

To support succession planning, and develop and retain employees in the Region's management ranks, PNHR undertook a research project to evaluate the effect of a leadership education and training program on employee job satisfaction and human resource performance. Eighteen PNHR managers participated in the University of Regina Leadership Training Program. Twenty other managers participated in a three-day training program for frontline leadership. Independent evaluation of the project was conducted through 2006 and early 2007 to determine the impact of the training on those who completed the courses, and on the employees they supervise. Results are to be available to the Region in 2007/2008.

PNHR has also developed a new performance evaluation tool which will assist in identifying individuals who have an interest in moving forward within the organization. Use of the tool is to be implemented in the year ahead.

Healthy, Effective Workplaces



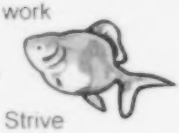
'Fish' Philosophy

Creating and maintaining healthy effective workplaces is a vital component of staff retention, as well as being valuable unto itself. Prairie North now has 27 Workplace Wellness Committees functioning throughout its facilities, sites, and programs. As a Workplace Wellness initiative, 10 of these are 'Fish Philosophy' Committees, using 'Fish' to help create a healthy, fun, and supportive work environment that will assist in retaining and recruiting employees.



A healthy work environment can also positively impact care and assistance for all clients.

The 'Fish Philosophy' is based on four principles:



Be There – Listen to others and yourself and be conscious of how you show up for work and for your family and friends each day.

Play – Find ways to incorporate play into your daily life. Approach work, family, responsibilities and challenges with energy and enthusiasm.



Make Their Day – Go out of your way for your clients, family and co-workers. Strive to bring sincerity and value into their lives.

Choose Your Attitude – Live fully engaged lives realizing that each of us has the power to choose our responses to what life and work brings our way, and that we're responsible for how our choices affect others.

February was celebrated as 'Fish' Month in Prairie North, helping to raise awareness that a healthy work atmosphere supports and retains employees.

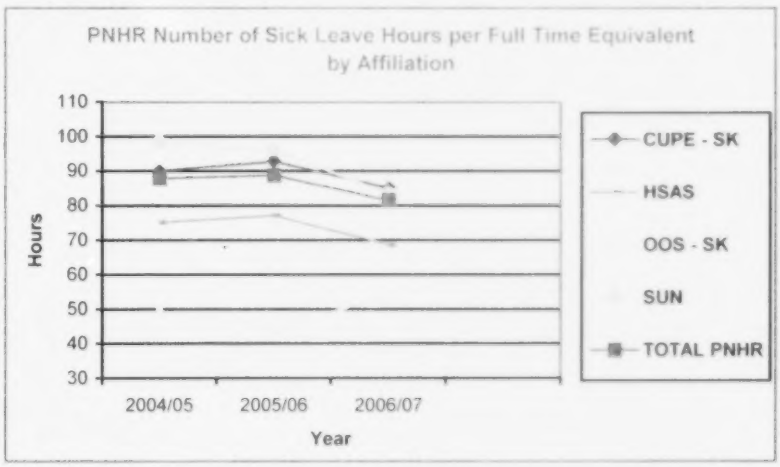
Attendance Support

In June 2006, Prairie North introduced a new Attendance Support Policy to assist managers and employees enhance regular attendance at work. The policy and program were rolled out to managers, staff and unions. The policy is intended to address absenteeism for which the employee should be held responsible because his or her absences are within the employee's power to address and correct. The program focuses on sick time and excludes other leaves that are permitted under and are consistent with collective agreements or policies. The expectation is that employees will use sick leave only when it is required.

Prairie North has been successful in the past year in reducing its total number of sick leave (illness/injury) hours per full-time equivalent from 88.84 hours per FTE in 2005/2006, to 81.52 hours per FTE in 2006/2007, according to Saskatchewan Health *Performance Management Accountability Indicators: Data Tables*, (June 11, 2007). The numbers include those employees who are part of the SAHO payroll data system; it does not include employees represented under Alberta affiliations. The Prairie North figure is lower than that of Saskatchewan as a whole which rose to 84.12 sick leave hours per FTE in the past year.

The graph (right) shows the past three years' trend for each of PNHR's four Saskatchewan classifications, as well as for the Region as a whole.

Per affiliation, the number of sick leave hours per FTE was down in Prairie North for members of its provider union (CUPE), HSAS, and SUN. The only increase came in the OOS category due to lengthier approved sick leaves for a limited number of employees in this category.





The numbers per affiliation are as follows:

CUPE 85.17 in 2006/2007, compared to 92.79 in 2005/2006, and 90.01 in 2004/2005
HSAS 68.60 in 2006/2007, compared to 77.21 in 2005/2006, and 75.21 in 2004/2005
SUN 83.51 in 2006/2007, compared to 96.09 in 2005/2006, and 98.43 in 2004/2005
OOS 53.63 in 2006/2007, compared to 44.69 in 2005/2006, and 49.56 in 2004/2005.

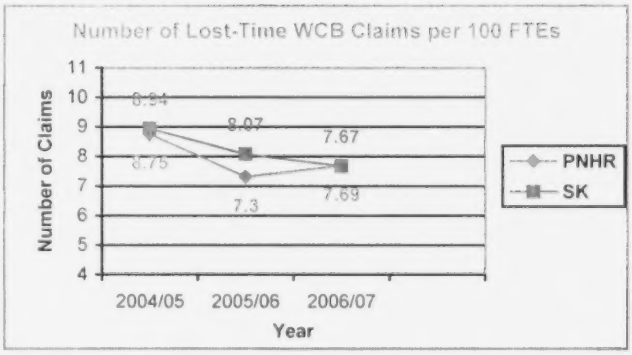
Prairie North's sick leave hours per FTE are below provincial levels for provider unions (89.78). Prairie North's provider union is CUPE; other health regions have CUPE, SEIU or SGEU. Sick leave hours per FTE for SUN members in Prairie North are below the provincial level of 89.34. Prairie North's numbers for HSAS and OOS are above provincial levels of 65.62 and 47.34 sick leave hours per FTE respectively.

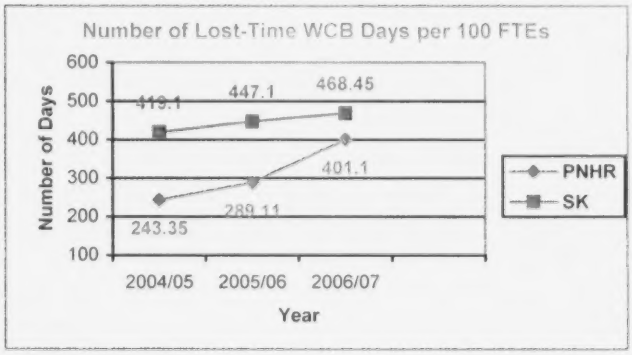
Prairie North recognizes that no one initiative can be attributed as solely responsible the successful reduction in sick leave hours, and its resultant costs to the organization. Many factors contribute to employees' absence from work, including psychological stress, low staff morale, and employee dissatisfaction. Work absence also correlates closely with shortages of staff and staff turnover, which are recruitment/retention issues. Prairie North believes its reduction in sick leave hours is a result of the many initiatives it has in place to recruit and retain workers, and to improve the health of the workplace. The challenge is to retain and build on that success over a longer period.

Workplace Safety

Other measures of the health of a workplace are the number of lost-time Workers' Compensation Board (WCB) claims per 100 FTEs, and the number of lost-time WCB days per 100 FTEs.

As the graph (right) shows, Prairie North's lost-time number of claims rose slightly over the past year from its level the year previous, and is slightly above the provincial rate which fell sharply in 2006/2007. Prairie North continues to emphasize reporting of incidents which could account in part to the higher number.





The graph to the left shows PNHR's number of lost-time WCB days per 100 FTEs rose significantly in the past year. This could be an indication that injuries are becoming more serious requiring employees to remain away from work longer. PNHR levels are now much closer to provincial levels. For Saskatchewan's health system as a whole, the number of lost-time WCB days per 100 FTEs has risen gradually over the past three years.

Prairie North will be analysing its lost-time WCB days over the coming months to try to identify the reasons for the increase, and explore strategies to address it. The Region is already placing greater emphasis on Occupational Health and Safety (OH&S) and has developed a Regional OH&S Master Plan that emphasizes consistency, standardization, and safety for all employees in all work places. The Region functions with a Regional OH&S Committee, plus individual site committees.

Representative Workplace

Prairie North's Representative Workplace Program continues to grow and strengthen. In the past year, a Regional Representative Workforce Committee was established to support the Representative Workforce Coordinator on issues and initiatives from an operational and organizational perspective. The Committee is also mandated to inform the Coordinator on needs, views and developments related to emerging Aboriginal Workforce issues.

PNHR's Representative Workforce Coordinator trained another 10% of the Region's workforce in 2006/2007 in Aboriginal Awareness. Thirty-one Aboriginal Awareness Training Sessions were held in Prairie North in the past year, with nearly 290 employees participating. The target for the year was 540, however, staffing shortages in areas resulting in employees being unable to leave their jobs for the training significantly impacted attendance numbers. Since Aboriginal Awareness education began in the Region in October 2003, nearly half of our now 2,855 employees have taken the training.

The Region has also embarked on a survey of employees to determine the percentage who identify themselves as Aboriginal or other minority. The aim is to determine the current level of Aboriginal representation in PNHR's workforce, so that a baseline can be established on which to move forward and measure our progress in achieving a proportional representation of Aboriginal people in our workforce. Individuals are not obliged to answer the question. Seven Saskatchewan health regions have determined their percentages, ranging from 0.7% to 74.6%.

PNHR's proposal for Career Pathing/Career Laddering has been developed to afford Aboriginal employees and others opportunities to develop and move forward within our health region and the health care system. Implementation is anticipated in the year ahead.

A Learning Organization

Prairie North is becoming a learning organization. A Staff Development Coordinator is in place and is preparing a comprehensive Regional Staff Development Plan. The plan will formally identify educational needs, and include strategies around workplace and program critical competencies, as well as leadership competencies. A supportive policy framework is to accompany the plan, along with a communication component to educate staff about the plan, what is required of them, and how they can access the training they want and/or need.

In 2006/2007, over 520 educational sessions have been attended by over 2,600 PNHR participants. Most sessions have been held within the Region. Training has covered a broad range of subjects from patient care and mandatory clinical staff training, to occupational health and safety, infection control, humour and sanity in the workplace, basic computer skills, and much, much more.

Prairie North has also established a clinical nurse educator position at each of the Region's hospitals in The Battlefords, Lloydminster, and Meadow Lake. The positions will assist with best practice education and clinical training for staff, and will provide support to new recruits in the same regard.



GOAL 4 – A SUSTAINABLE, EFFICIENT, ACCOUNTABLE AND QUALITY HEALTH SYSTEM

The past fiscal year for Prairie North Health Region has been about planning and preparing for the future, striving to address today's needs, and strengthening our ability to perform the fundamental services we provide.

Our focus has been on continuous safety and quality improvement, identification and management of risks, solid financial, human and physical resource management, and maintaining and strengthening relationships and communication with our stakeholders.

We continued to focus on achieving efficiencies where possible and appropriate. We completed a number of program and operational reviews, and began to develop and implement plans to address recommendations from the reviews.

Consistent with our 2006/2007 budget plan, we strengthened front-line staffing in key areas of clinical and support services, and reinvested in our long-term care program and facilities. We also took significant steps to reinvest financial and human resources where rapidly growing needs demanded. We continued to strive to match services to available resources, and align resources to address needs.

Overall, we remained accountable to those we serve, to our staff, our communities, partners, and the public at large. Prairie North worked to maintain strong, positive working relationships with other agencies, organizations and with Saskatchewan Health.

STRATEGIC PLANNING

A priority for Prairie North for 2006/2007 was development of a new Strategic Plan to guide the Region over the next three to five years. A broad planning process was undertaken to obtain and/or incorporate input from Board members; senior, middle and front-line managers; physicians; staff; partnering groups and organizations; and communities. Board members and managers took the information and participated in a two-day comprehensive planning and reporting session to focus and prioritize strategic directions, goals, priorities and actions for the organization. A draft Strategic Plan for Prairie North was developed. Review and refinement continued, along with establishment and inclusion of time frames and outcome indicators.

On November 1, 2006, Board members unanimously endorsed the 2007 – 2010 Strategic Plan.

A comprehensive proposal to communicate the Strategic Plan throughout our organization and communities was developed. Communication and implementation of the Strategic Plan is underway and will continue through 2007/2008. The process is also to gather input on the Plan on an ongoing basis to maintain and update it regularly. A framework for reporting on progress toward the goals has been established and implemented. Each month, senior managers provide written and verbal reports to the Board on specific elements of the Strategic Plan. The information is then shared with stakeholders through the Board's monthly newsletter "Board Notes" as well as through Board meeting minutes. This 2006/2007 Annual Report also relays the progress we have made implementing the Strategic Plan and achieving its goals.

The Strategic Plan is ambitious and sets clear direction for the future of Prairie North Health Region. We are confident it will move our Region a long way toward achieving our Vision of:

"Healthy People in Healthy Communities."

Continuous Safety and Quality Improvement

In our Strategic Plan, Prairie North Health Region has emphasized Continuous Quality Improvement (CQI) and Patient and Staff Safety as primary objectives under a sustainable, efficient, accountable and quality health system. Both are integral to our organization and are a critical focus in all of our health services programming.

Prairie North believes that quality health services and quality improvement of health services intrinsically value the safety of clients receiving the services and the safety of staff delivering the services. Because Safety and CQI are inextricably linked, PNHR has melded the two into a Regional Continuous Safety and Quality Improvement Plan. The Plan promotes a culture of client and staff safety, emphasizes learning that is focused on safety, and creates a structure that supports an operational safety and CQI agenda across the organization. By combining the two priorities, the Region aims to enhance coordination, development, communication, and follow-up regarding patient and staff safety, CQI, utilization, and risk management activities.

The Plan is lead by a Continuous Safety and Quality Improvement (CSQI) Steering Committee which serves as a catalyst and resource for safety and CQI activities. Twelve additional CSQI Committees are in place representing broad areas of service within the health region. The 12 committees report on their activities to the CSQI Steering Committee which in turn reports to the Board. Communication, feedback and direction flows back from the Board to the committees via the same structure, ensuring ongoing linkage from the front-line and management level, to senior managers and the Board.

Accreditation

The 13 CSQI Committees also serve as the Region's Accreditation Teams in preparation for the organization's review by the Canadian Council on Health Services Accreditation. The Teams focused over the past year on completing the required self-assessments for the June 2007 Accreditation Survey. Once the assessments were done, the Teams worked to establish priority areas for improvement and action plans to assist the Region to meet its goals and address any gaps identified through the self-assessment process.

Much emphasis was also placed on Required Organizational Practices (ROPs) that focus on safety for staff, clients and patients. As part of the Accreditation process, the Region must document what is in place in relation to each ROP, and how the Region is complying.

Throughout the Accreditation preparation process, PNHR worked to inform all staff and physicians and other stakeholders as to what Accreditation is, what CSQI is all about, and why it is vital.

Prairie North's second ever Accreditation survey since it became a Region in August 2002 is set for June 10 – 15, 2007. PNHR is excited about the pending survey and optimistic of positive results. The Region's first-ever Regional Accreditation Survey was in October 2004. The Region received Accreditation with Report and Focus Visit.

Risk Management

PNHR maintains a comprehensive Risk Management Program as part of Continuous Safety and Quality Improvement. As required by legislation, Prairie North complies with the Client Critical Incident Reporting Program for recording and reporting critical incidents. Review and assessment of each occurrence is done as are root cause analyses. Strategies are then developed and implemented to prevent future occurrences. A follow-up review of all critical incidents is conducted annually to determine if recommendations are being implemented and followed.



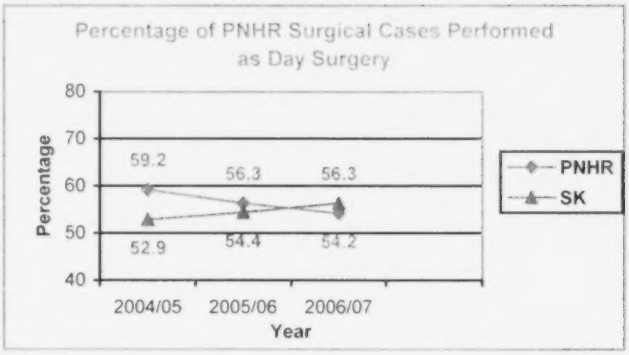
Resource Management

Appropriate allocation and utilization of the Region's limited financial resources is key to the sustainability of the health system at the local and regional level. Prairie North bases its resource allocation decisions on evidence collected throughout the year, including statistical data around service utilization, ongoing financial reporting and variance analysis, examination of demographic information and staffing levels, plus wait lists and demands on services.

As indicated earlier in this report, the Region also conducts operational reviews of services and programs to identify areas for improvements in efficiency and functioning. Plans for implementation of recommendations from the reviews are developed and instituted as possible and appropriate.

One indicator of resource utilization is measuring the percentage of surgical cases performed as day surgery. Increasing the number of procedures performed in the day surgery setting frees up inpatient beds for other procedures that require longer recovery time. Some surgeries take fewer resources than others.

In Prairie North Health Region, the percentage of surgical cases performed as day surgery has remained above the 50% mark, though it has declined somewhat over the past three years as the Region focused on reducing surgical wait lists regardless of whether the cases were day surgery or inpatient surgery. Provincially, the rate has gradually increased and is now slightly above Prairie North's. The range among Saskatchewan health regions is approximately 39% to a high of nearly 75%. Prairie North continues to monitor its surgical caseloads to ensure that surgeries are appropriately being done as inpatient or day surgery.



Finances

Prairie North maintains a balanced budget, as discussed in the financial summary section which follows. The Region is challenged however to secure ongoing, appropriate levels of funding from its health region counterpart in Alberta to meet the rapidly growing demands for health services in Lloydminster.

In an effort to assess and appropriately identify current and ongoing required funding levels from Saskatchewan and Alberta for Lloydminster services, Prairie North and East Central Health, AB commissioned an external review. The exercise examined the levels of health funding provided by both provinces for Lloydminster. The review also examined current and projected population levels, as well as current and future demands for health services. The review is to be complete in early 2007/2008. It is anticipated that the results will provide a basis on which both health regions and provinces will move forward to address Lloydminster and area's needs.

Prairie North continues to work closely with East Central Health at the Board and Senior Management level to address the health service needs of the bi-provincial community.

Capital Infrastructure

As discussed earlier in this report, Prairie North Health Region maintains a multi-year Capital Management Plan to ensure that efficient and safe infrastructure supports effective health services delivery. The Region made significant progress over the past year on key elements of the Capital Management Plan.

Construction began on the new Maidstone Health Complex to replace the Pine Island Lodge long-term care facility. The Region is excitedly awaiting completion of the project in the fall of 2007.

Prairie North and Saskatchewan Health began and made significant progress on functional programming and concept design to replace Saskatchewan Hospital North Battleford. Construction is to start in 2008.

Functional programming was initiated for redevelopment of Lloydminster Hospital and Dr. Cooke Extended Care Centre. A functional program review and process redesign exercise was also undertaken for Battlefords Union Hospital. Prairie North continued its support of a new Supportive Housing project through East Central Health in Lloydminster.

The Region also maintains ongoing capital equipment and information technology plans. As discussed in the financial summary section which follows, Prairie North focused its 2006/2007 capital equipment purchases on patient and staff safety, plus replacement of key pieces of equipment as required, with the support of local foundations and trusts.

Information Technology

Prairie North's Information Technology Plan is a set of principles and standards that provide a blueprint for the deployment of the Region's technology and information infrastructures, in alignment with PNHR's business goals. Over the past year, the IT Plan has moved forward in the advancement of business, technologies, policies and security.

IT is now an integral component of Prairie North's overall delivery of services. In the past year, PNHR has seen the implementation and expansion of regional clinical systems including the Pharmacy system in Meadow Lake, the Laboratory system at Lloydminster Hospital, the Operating Room system at Battlefords Union Hospital, and the Saskatchewan Immunization Management System regionally, to name a few.

Included with this growth is our continual commitment to security and privacy of health information and services. In late 2006, the Region undertook a comprehensive physical/technology security assessment which validated and prioritizes the continual enhancement of our overall security position.

In the year ahead, the Plan will continue to focus on the regionalization of IT infrastructure, and improving IT security system-wide.

Communication and Public Confidence

Appropriate and effective communication with all stakeholders is identified as a priority in Prairie North's new Strategic Plan. In support of the Plan, a new Regional Communication Strategy has been developed for implementation in 2007/2008 and beyond.

In 2006/2007, as in previous years, Prairie North undertook numerous communications and public relations activities to foster and improve public confidence in the health system. These activities were reported quarterly to Saskatchewan Health as required. They include:

- Communication of the Region's 2006/2007 Operating and Capital Plans and Budget to staff, physicians, and the public.
- Implementation of public information campaigns to communities directly impacted by changes in physician or other patient care services.
- Publication and distribution of the Region's Annual Report.
- Development and implementation of a communication plan to enhance awareness and understanding of PNHR's Accreditation/Continuous Safety and Quality Improvement program.
- Regional communication activities in support of provincial information campaigns around West Nile Virus and Surgical Wait Lists.
- Promotion of the Region's annual influenza immunization campaign.
- Participation in development of new Internet and Intranet websites for Prairie North Health Region, including development and implementation of a communication plan to launch the two sites.
- Introduction of a new PNHR newsletter *PN News* for staff, physicians, and major stakeholders.
- Communications issues management around gastrointestinal illness outbreaks at PNHR facilities, sterilization issues relative to a physician clinic in Lloydminster, and public concern over requirements for preparation, sale and service of food at community events.

PNHR also maintained a strong presence with local media in the Region through issuance of an average of two news releases per month, and management of over 200 media requests annually for information and/or interviews relating to services, programs, decisions and issues specific to or impacting Prairie North. The Region continued to handle media requests in a timely manner, generally between an immediate response to two days.

FINANCIAL SUMMARY

Prairie North Health Region enjoyed another strong year financially in terms of achieving what we set out to do in our 2006/2007 budget approved by the Board and released on May 31, 2006.

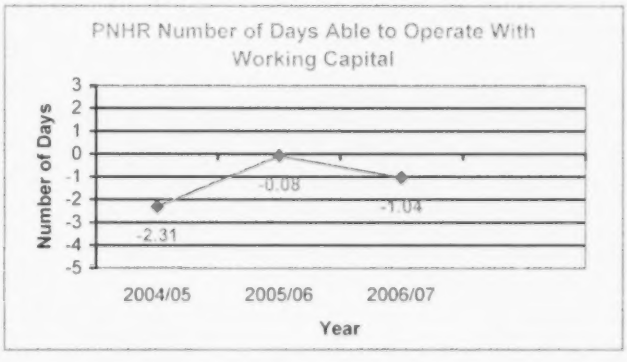
Prairie North ended the year with a $1.4 million surplus on operations due almost entirely to position vacancies. The surplus represents 0.9% of the Region's actual operating expenditures and is identical to the percentage recorded in 2005/2006. Surplus/deficit as a percentage of actual operating expenditures is a measure of financial viability and relative financial health of an organization. Financial viability refers to a Region's ability to fund growth, new programs, working capital needs and new equipment through an excess of revenues over expenses. Financial viability is the net result of a Region's managerial policies and decisions. A satisfactory result will depend on expenditure and revenue management. Effective use of human, physical and financial resources will produce the desired positive results. The optimal percentage value is one that is sufficiently high to provide a Region with the funds to maintain and improve the quality of care, but not so high as to indicate the Region is not fulfilling its mandate.

PNHR's 2006/2007 operating budget called for balanced revenues and expenditures of $160 million. A further $3.9 million was to be spent on capital equipment acquisitions, and $1.6 million was targeted toward capital maintenance and upgrading projects.

The priorities for the year were reinvesting in front-line staffing in numerous programs and sites throughout the Region, particularly long-term care. The Region embarked on a significant safety initiative also aimed primarily at long-term care and rural facilities. The multi-year plan targeted the purchase of electric beds, patient lifts and ceiling tracking to enhance resident/patient safety and reduce the risk of injury to staff.

Prairie North used all of its $1.3 million surplus from 2005/2006 operations to fund its planned capital equipment purchases, along with financial support from Saskatchewan Health; East Central Health, Alberta; foundations, trust funds, donations, and capital reserves.

As the graph to the right shows, PNHR's working capital position declined slightly in the past year from its 2005/2006 level. The decline is associated with the Region's funding support of the Maidstone capital project. Working capital is a measure of the wealth of an organization to conduct its day-to-day operations. It is an indicator of the agency's ability to meet its current financial obligations through management of current assets and current liabilities.



While Prairie North is still in a negative position in terms of the number of days it would be able to operate without added revenues, the negative 1.04 level is a substantial improvement from the negative 2.31 days position of 2004/2005, and the negative 2.79 days of 2003/2004. Only three of Saskatchewan's 12 health regions are in a positive position, with Prairie North very close to achieving that status.

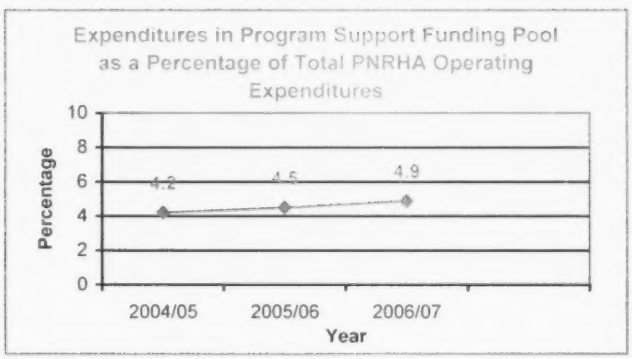
Specifically, Prairie North ended the 2006/2007 fiscal year with an operating surplus of $1,404,503. The figure is considerably greater than the $16,821 budgeted surplus. As indicated earlier, the variance is due almost entirely to unexpended amounts for salaries and benefits due to staff turnover and vacant positions.

Total operating revenues for Prairie North for 2006/2007 were $161,271,700, 0.64% higher than the $160,239,006 budgeted. The increase is attributed to additional government funding to address pay equity adjustments for provider unions.

Total operating expenses for PNHR for 2006/2007 were $159,867,197, 0.22% lower than the $160,222,185 budgeted. The decrease is due to under expenditure in salaries and benefits, as discussed above.

Prairie North remains just below the 5% target established by Saskatchewan Health for Program Support Services expenditures as a percentage of total RHA operating expenses. The target applies to all but the two northern health regions. This indicator measures how much a Region spends on administrative services relative to total operating costs. While most Regional Health Authority staff provide services directly to patients, clients, and residents, other staff are required to manage operations, hire employees, pay bills, and perform other corporate service functions. Generally, the goal of corporate management is to support the operations of the Region at the lowest possible cost.

Administrative services included in the indicator are the Region's Board of Directors, executive offices and support staff, public relations, finance, human resources, information technology and other functional areas related to regional administration but not captured in previous administrative categories or in program-related functions. The measure does not include costs directly associated with Acute Care, Supportive Care, and Community-Based functions.



As the graph to the left shows, PNHR's percentage has been gradually increasing as the Region strives to meet the administrative needs of a complex, large and growing organization. Additionally, the government committed in 2006/2007 to improving pay equity for out-of-scope staff in relation to unionized employees, and enhancing competitiveness in attracting and keeping OOS employees.

PNHR continues to strive for efficiencies throughout our programs and services, as well as in our program support functions to improve overall effectiveness and maintain a strong, responsive and responsible financial position.

The Region maintained a strong cash flow position in the past year, thanks to the strong surplus position. But while the surplus itself is a positive achievement, it is also an indicator of a challenge elsewhere in the organization. As discussed previously, the surplus is primarily due to monies not being expended on salaries and benefits for a variety of staff positions vacant at differing points of the year in various sectors of the health region. While the dollars remain, staff turnover and inability to fill hard-to-recruit positions challenges the organization to maintain services and programs. Staff vacancies result in added pressure on existing employees, and have the potential to lead to financial pressures for overtime, sick time, and other workplace issues. Prairie North continues to work on recruitment and retention, as well as other human resource, workload, and work environment issues to help ensure our long-term employee and financial strength.

FUTURE OUTLOOK / EMERGING ISSUES

Prairie North Health Region remains "cautiously optimistic" about the future as we strive to achieve our Vision of *"Healthy People in Healthy Communities."* Following our new Strategic Plan, the year ahead promises to be another exciting and busy one, with construction of the new Maidstone Health Complex slated for completion, planning for replacement of Saskatchewan Hospital North Battleford moving steadily forward, significant expansion of Primary Health Care services, and ongoing development to meet current and future health service needs in Lloydminster.

The new Supportive Housing Complex at Lloydminster is to be complete in 2007/2008. Functional programming for the Dr. Cooke Extended Care Centre and Lloydminster Hospital will provide recommendations for redevelopment.

Prairie North must continue to look at a number of other major capital projects as high priority concerns. These include developing a project proposal for Saskatchewan Health consideration on total replacement of Northland Pioneers Lodge in Meadow Lake. The Region must also keep in its sights the need for redevelopment and upgrading of Battlefords Union Hospital and for eventual replacement of the 66-year-old Battlefords District Care Centre long-term care facility.

Our ability to address our capital project needs will be closely tied to the rapid escalation of capital costs and soaring demands for skilled workers. With Saskatchewan's vibrant economy and the Alberta financial juggernaut next door, costs for labour and materials are skyrocketing. The availability and interest of firms and employees to take on health capital projects, plus the ever increasing costs, will greatly impact Prairie North's ability to move forward with projects in a timely and affordable manner.

Prairie North has an ongoing need to replace aging and obsolete equipment throughout our facilities and programs. We are again taking the opportunity of our second consecutive surplus ($1.4 million from 2006/2007 operations) to reinvest the entire amount in much-needed capital equipment Region-wide. The emphasis will be on patient and staff safety including electric beds, pressure-reducing mattresses, and permanent and portable patient lifts. The Region will remain pressured in 2007/2008 and beyond to meet the continual requirements for capital equipment, and will no doubt maintain its significant reliance on community generosity and fundraising supports to address these ongoing needs.

Patient and staff safety is receiving ever greater emphasis across the health system nation-wide. Prairie North and all other health regions are responding to the challenge to raise the safety banner and ensure patient and staff safety through everything we do. As a key focus of national Accreditation standards, safety and continuous quality improvement must become the lens through which decisions are made and actions are taken.

As discussed earlier in this report, the biggest challenge to the long-term sustainability of our programs and services is the availability of health human resources. We will continue to explore creative solutions to these challenges, including cross-training for employees, maximizing scope of practice, program amalgamation, service realignment, multi-site work options, and other initiatives to match service provision with available human resources. We must also continue to look for efficiencies in the way we deliver services – again, to make the best use of our financial and human resources.



As one of the few health regions in Saskatchewan whose population is growing, Prairie North must keep a close watch on the health needs of its residents and be flexible and progressive in adjusting or enhancing its programs and services to meet those needs. This is particularly true in the case of Lloydminster. The population of the city and area is expected to maintain its rapid growth on both sides of the Saskatchewan/Alberta border. New data in early 2007/2008 shows Lloydminster 's population has grown by 22% in the past six years, and shows no sign of abatement. Strict attention must be paid to its growth and demographics, as well as those of the rest of Prairie North, to enhance or expand services where required, or conversely to realign services as populations shift. Pressures in Lloydminster on existing staff, programs, and facilities continue to mount. Collaboration between Prairie North and East Central Health regions, and the two provincial jurisdictions is essential in addressing the issues and demands that are uniquely Lloydminster.

In relation to provincial priorities, Prairie North will continue to work toward meeting the expectations of the Saskatchewan Surgical Care Network, the Premier's Project Hope emphasis on substance use and abuse prevention, pandemic planning, and implementation of province-wide mandated information technology infrastructures and programs. Resources will be required to ensure management, participation and compliance with these expectations.

A further significant pressure for Prairie North Health Region surrounds the provincial Forensic Program at Saskatchewan Hospital. Our ability to meet the growing demand for Clinical Forensic Services is contingent on adequate resources. Prairie North has the opportunity in pending redevelopment of Saskatchewan Hospital to plan for current and future needs of the Forensic Program. In the meantime, the Region must look at ensuring adequate resources to manage workloads and needs.

Prairie North is moving forward on the Primary Health Care agenda with opening this summer of its new Primary Health Centre in North Battleford. Creativity and flexibility will continue to be necessary to expand Primary Health Care services in the years ahead. Management of chronic diseases will also require increased attention and resources as our 'Baby Boom' generation ages, and health status indicators point to growing rates of obesity and diabetes.

As we have repeatedly indicated, escalating costs and ongoing difficulty with recruitment and retention of healthcare workers will ultimately determine the long-term viability and sustainability of our health facilities, services and programs, particularly in rural locations. A rural health strategy needs to be developed which includes an emphasis on emergency medical response/ambulance services as a critical element.

Ongoing recruitment, retention, training, and education of health professionals through all sectors of our organization are central to our future success.

Governance and Transparency

Prairie North Regional Health Authority is the governing body of Prairie North Health Region. The Board is responsible for the planning, organization, delivery and evaluation of the health services it provides within the health region boundaries.

The Regional Health Services Act which created Saskatchewan's health authorities defines the roles and responsibilities of the Board to work as partners with the Minister of Health in ensuring coordinated, province-wide planning for the health system. The Minister is responsible for the overall strategic direction of the province's health system, determines provincial priorities, and allocates resources for service delivery.

Specific expectations for the Minister and Regional Health Authority Boards are defined under the broad categories of strategic planning; relationships; monitoring, evaluation and reporting; fiscal management and reporting; quality management; and management and performance.

Each year, an Accountability Document between each RHA and Saskatchewan Health sets out the agreed upon organizational, program and service expectations for each RHA, and links expectations with funding. Through the Accountability Document, Saskatchewan Health sets out specific directions for the prudent and ethical use of public funds.

This Annual Report is a key component of the accountability process, providing detail to the Minister on the extent to which Prairie North RHA has set direction and made progress toward health system strategic direction, and complied with the Accountability Document.

Our Board

Prairie North Regional Health Authority is governed by a Board of Directors appointed by the Minister of Health and consisting of a maximum of 12 members. The Board currently consists of 11 members, with the twelfth position vacant. The term of the current Board continues until July 2008.

The Prairie North Board functions as a single entity, without separate committees, though its members serve as RHA representatives on a number of separate committees and organizations. These include:

Battlefords Union Hospital Foundation	Ben Christensen
Continuing Care Capital Projects Steering Committee – Lloydminster	Vicki Helm
Continuous Safety/Quality Improvement Leadership and Partnership Team	Bonnie O'Grady, Joan Hill, Don Duncan, David Esterby, Glenn Wouters
East Central Health/Prairie North Health Region Collaboration Committee	Vicki Helm, Don Duncan
Governance Committee	Muriel Conacher
Lady Minto Trust Fund Committee	Glenn Wouters
Lloydminster and District Health Advisory Committee	Don Duncan
Lloydminster Region Health Foundation	Don Duncan
Lloydminster Medical Staff Joint Conference Committee	Bonnie O'Grady, Muriel Conacher
Maidstone Integrated Health Project Steering Committee	Don Young, Bonnie O'Grady, Muriel Conacher

Meadow Lake and Area Community Health Advisory Network	David Esterby
North Sask Laundry & Support Services	Bonnie O'Grady
Saskatchewan Association of Health Organizations	Glenn Wouters
Steering Committee for Functional Programming Services for Lloydminster Hospital and Dr. Cooke Extended Care Centre – Continuing Care Facility	Don Duncan
Twin Rivers Health Care Foundation	Muriel Conacher

Board members report to their colleagues at regular monthly Board meetings regarding their participation in and activities of the committees.

Prairie North Regional Health Authority Board Members

As of March 31, 2007



Photo by Don Whiting Photography, Lloydminster

Back Row (From Left):

Flora Fiddler, Meadow Lake
Don Young, Maidstone
Vicki Helm, Lloydminster
Don Duncan, Lloydminster
Glenn Wouters, Meota
Joan Hill, Goodsoil

Front Row: (From Left):

David Esterby, Meadow Lake
Bonnie O'Grady, Neilburg, Chairperson
David Fan, CEO
Ben Christensen, North Battleford
Muriel Conacher, Mervin, Vice-Chairperson
Michael Zaychkowsky, North Battleford

COMMUNITY ADVISORY NETWORKS

The Regional Health Services Act requires Health Authorities to establish one or more Community Advisory Networks (CANs) to help facilitate consultation with and input from local communities. CANs advise the Authority on broad issues related to the health of the community, and assist the Authority to understand the needs and priorities of communities and their residents.

The past year has seen continued development of a more structured plan for CANs in Prairie North Health Region. To provide greater consistency and to hear from residents across the health region, PNHR has begun working towards formally developing CANs that will coincide with the geographic areas for Primary Care. These areas are North Battleford, Lloydminster, Meadow Lake, Loon Lake/Goodsoil/Pierceland, Turtleford/Edam/St.Walburg, Maidstone/Cut Knife/Neilburg, and First Nation communities.

Prairie North plans to conduct two meetings per year among the chairpersons of these six or seven community advisory network committees to establish structure for community input on the health region's priorities. The chairpersons are then to take the information back to their communities to obtain local input. The health region anticipates that by encouraging the development of CANs in the geographic areas noted above and by working with existing health committees, PNHR will better understand the needs and priorities of communities and their residents.

In the past year, community advisory network activity has continued in Meadow Lake and Maidstone. The Meadow Lake and Area Community Health Advisory Network (CHAN) meets on a monthly basis and has been busy during 2006/2007 organizing and hosting several staff appreciation events with the assistance of community organizations. The events are well attended and much appreciated by staff. The CHAN works to welcome new health staff to Meadow Lake and area. CHAN members keep the lines of communication open by seeking input from community members through distribution and receipt of comment cards. CHAN representatives meet regularly with the Meadow Lake Medical Advisory Committee. They also help keep their community aware of local health issues through local media. Additionally, the Meadow Lake and Area CHAN participated in a local health fair to raise the committee's profile and share information with those attending.

The Pine Island Lodge Advisory Committee at Maidstone holds monthly meetings. Membership includes representation from surrounding municipal governments as well as from the Maidstone and Lashburn Health Care Auxiliaries. The Advisory Committee's focus over the past year has been on construction of the new Maidstone Health Complex which will replace the existing Pine Island Lodge (PIL) long-term care facility. Upon completion of the project, the existing PIL will be turned over to the Advisory group. Much discussion has taken place regarding the building's future.

The Paradise Hill Health Advisory Network focused on the successful conversion of a portion of the former Paradise Hill Hospital into a Personal Care Home. Efforts are underway by residents in and around Turtleford to develop a community advisory committee there.

The Lloydminster and District Health Advisory Committee continues to meet at least quarterly. The group has revised its terms of reference and broadened its scope from physician/specialist recruitment to consideration of all health services issues related to Lloydminster.

Public Transparency

Maintaining public transparency in the decisions it makes, the actions and initiatives it implements, and overall, in the business it conducts is a fundamental tenet of Prairie North Regional Health Authority. The Authority believes in being accessible and accountable to the public, and continues its dedicated efforts to achieve these results.

All regular monthly Board meetings are open to the public. The meetings are extensively advertised to invite participation and attendance. Presentations to Board meetings are welcome and encouraged. Policies to facilitate presentations, and to ensure responses to presentations, are in place.

Regular monthly Board meetings are rotated through the Health Region's communities, facilitating access by local residents and community leaders. Local officials and members of the public are advised of the time, date and location of Prairie North Board meetings in their areas.

Local and area media are notified and invited to all Prairie North Regular Board meetings. Notification is also provided each month to the Region's staff and physicians.

The schedule of Board meetings is maintained on the Region's Intranet and Internet sites, along with the policies, procedures, and contacts for submissions and presentations to the Board. Information about the Board and how they can be reached is maintained on the Region's websites.

Following each Board meeting, the Board's newsletter *Board Notes* is prepared and distributed, usually within three working days.The document features highlights of presentations, discussions and decisions from the meeting. *Board Notes* is distributed, using a variety of media, to staff and physicians, partnering agencies and organizations, community leaders, media and the general public.

Board meeting minutes are distributed, once formally adopted by Board members, to facilities and programs in the Region. Copies of minutes are available to stakeholders. Minutes are also posted and available on the Region's websites.

The Region's Annual Report is broadly distributed to key stakeholders and is available on-line via the Region's websites.

Additionally, the Region's Chairperson, Chief Executive Officer, and other representatives are willing and available to meet with community groups and organizations to discuss issues and matters of mutual concern.

Payee Disclosure List

As part of government's commitment to accountability and transparency, the Department of Health and Regional Health Authorities disclose payments of $50,000 or greater made to individuals, affiliates and other organizations during the fiscal year. These payments include salaries, contracts, transfers, supply and service purchases and other expenditures.

Prairie North Regional Health Authority
Payee Disclosure List
For the Year Ended March 31, 2007

Personal Services

Listed are individuals who received payments for salaries, wages, honorariums, etc. which total $50,000 or more

Acaster, Dianne	$	89,382	Birkett, Bryan	$	71,925
Akre, Kim		51,010	Birkett, Sandra		74,459
Albers, Denise		55,096	Bishop, Marla		74,574
Albert, Lori		57,782	Blais, Elaine		78,986
Almond, Rosemary		50,257	Blais, Louise		74,529
Alsager, Karena		50,533	Blandin, Ashley		68,385
Arneson, Lillian		57,807	Bloch Hansen, Kathryn		66,714
Arnold, Shelley		65,225	Blouin, Rhonda		51,732
Auriat, Odette		105,859	Blythe, Edith		69,576
Austin, Audra		60,186	Bodnar, Cynthia		176,086
Bacchetto, Theresa		59,523	Bogdan, Kevin		73,726
Bagnall, Jenna		60,275	Bojarski, Shirley		57,483
Bailey, Kathryn		75,023	Bonnett, Cindy		62,263
Bailey, Todd		81,996	Booth, Beverly		87,797
Baldinus, Debra		61,259	Borgeson, Connie		64,946
Ballan, Maureen		69,342	Borowsky, Gail		90,805
Bandola, James		58,015	Boskill, Sharon		81,881
Banks, Shannon		64,565	Boulton, Noreen		58,064
Bannister, Elizabeth		50,629	Bouvier, Erin		57,692
Bannister, Jennifer		56,469	Bouvier, Linda		70,202
Barclay, Grant		50,605	Bowman, Jodi		52,315
Barnett, Isabelle		90,557	Braaten, Cathy		52,433
Barr, Idella		60,711	Brander, Bonita		62,324
Bartkewich, Catherine		59,566	Brander, Nicole		60,135
Bauer, Robert		63,883	Branconnier, Sherri		71,413
Bauer, Tina		67,932	Brick, Dean		79,569
Bauming, Holly		79,814	Briggs, Christine		61,132
Baynham, Carrie		66,737	Brow, Robert		61,082
Baynham, Jacquelin		81,558	Brown, Betsy		66,099
Beach, Kathy		77,478	Brown, Robert		92,300
Beaubien, Janet		59,196	Brucks, Susan		64,560
Beaudry, Valerie		51,263	Buchynski, Kenneth		95,298
Beckman, Barbara		58,648	Bullock, Karen		67,549
Bell, Nancy		54,120	Bunnell, Diane		99,452
Bendall, Lucy		67,246	Burnett, Brandi		63,430
Bennett, Christine		57,209	Burnouf, Jeannine		58,128
Bernier, Anne		55,297	Burroughs, Penny		98,088
Bertsch, Shirley		57,035	Byl, Kathy		65,690
Betemps, Leona		51,239	Campagnola, Gary		85,796

PERSONAL SERVICES (CONTINUED)

Carey, D	$	97,364	Dearborn, Anna	$	61,882
Carey, Lorelie		74,012	Decelle, Kathy		58,375
Carswell, Rita		63,805	Deneschuk, Judith		64,365
Cavanagh, Dianne		59,077	Denis, Irene		121,901
Chabot, Lionel		107,607	Denton, Errol		61,082
Chambers, Jennifer		51,732	Derkach, Linda		85,765
Chambers, Margaret		67,961	Derkatz, Trevor		95,399
Charabin, Brenda		53,854	Deutscher, Carol		71,967
Chartier, Constance		91,154	Dimmick, Tammy		83,760
Chaykowski, Brenda		66,799	Dodsworth, Dawn		68,743
Cheesbrough, Cassandra		64,885	Doll, Carole		50,019
Cherniak, Misha		57,896	Domshy, Beverley		73,223
Chomicki, Doreen		69,776	Donahue, Leslie		61,569
Christianson, Christine		59,642	Donald, Brenda		59,762
Chubb, Patricia		80,054	Donald, Lori		55,360
Chuiko, Paula		51,645	Doom, Debra		65,742
Clark, Margaret		63,378	Dreger, Shelly		50,516
Clark, Marlene		50,349	Ducharme, Audrey		51,749
Clarke, Darlene		54,493	Duddridge, Shawn		79,096
Cochet, Kari		56,690	Dumouchel, Kathryn		64,126
Collinge, Dianne		55,298	Dupuis, Darlene		75,580
Collins, Karen		70,034	Dyck, Carol		81,992
Comfort, Melanie		51,782	Dyck, Carolyn		66,148
Conacher, Laurie		62,435	East, Audra		56,708
Cook, Danelle		55,222	Eberle, Cindy		81,761
Cook, Robert		82,615	Edgar Cozine, Shelly		99,957
Corbeil, Alan		58,159	Ekstrand, Maxine		52,558
Corpe, Cathy		61,148	Eliasson, Fred		62,740
Cortus, Debby		65,103	Elliott Rumpf, Karen		70,015
Craig, Irene		64,582	Engelke, Albrecht		79,834
Crickard, Karen		54,347	Engelke, Carmel		77,314
Crone, Eileen		64,708	English, Darlene		58,405
Crossman, Doris		53,458	English, Roderick		82,336
Crowder, Nichole		83,108	Epp, Priscilla		91,122
Cundliffe, Verna		73,110	Ernst, Bernadett		77,545
Custer, Cory		57,492	Etcheverry, Lionel		66,666
Daer, Tracey		57,540	Etcheverry, Valerie		68,519
Dahl, Glenda		58,513	Etue, Christine		54,770
Davidson, Cheryl		52,689	Fan, Colleen		50,977
Davis, Dale		50,290	Fan, David		162,476
Dawson, Shari		60,138	Farrell, Barbara		58,265
Day, Kelly		77,675	Feist, Carla		70,388
De Bruin, Shannon		56,992	Feist, Hazel		57,416

Personal Services (Continued)

Felix, Richard	$	58,547	Grela, Joseph	$	58,636
Ferguson, Sandra		67,668	Greschner, Nadyne		68,610
Ferland, Armande		63,558	Grigo, Sandra		52,305
Fischer, Karen		52,095	Grychowski White, Loraine		90,805
Floarea, Cristina		88,039	Gubbe, Debra		65,546
Fluney, Doris		53,377	Gubbe, Greg		67,181
Forester, Barbara		67,932	Gubbe, Louis		81,050
Foster, Wendy		60,717	Gubbe, Spencer		67,877
Fransoo, Colais		75,546	Gustafsson, Laurie		58,015
Franz, Robert		53,888	Gusztak, Lewko		287,640
Freeman, Caroline		77,751	Hadland, Brenda		68,633
Frey, Geoff		62,214	Haftner, Debra		52,646
Frey, Jared		52,869	Hamel, Denise		52,631
Friedrich, Andy		67,932	Hames, Lisa		62,883
Frolek, Patricia		74,793	Hammoud, Wendy		62,391
Fugleberg, Beverly		59,415	Hanna, Pamela		57,496
Fung, Teresa		117,293	Hanson, Cindy		65,571
Furtas, Judy		71,288	Hantke, Erin		54,888
Gabruch, Colleen		68,197	Harasymuk, Brian		90,805
Gallano, Florinda		79,902	Harbus, Debbie		72,223
Garand, Don		56,243	Hardy, Emily		84,210
Gardiner, Angela		64,024	Hardy, Leah		51,148
George, Debra		56,870	Harlingten, Leora		58,947
Gerbig, Karen		83,631	Harms, Shannon		68,333
Gerbrandt, Gloria		63,464	Harper, Rose		56,224
Gervais, Donnell		79,216	Harrison, Garth		58,421
Gieni, Kathleen		54,864	Harrison, Shelly		53,608
Gill, Chris		58,373	Harvey, Patricia		99,422
Gillespie, Laurie		50,413	Harwood, Linda		53,099
Glowa, Lorne		67,330	Haughian, Terrie		70,250
Glowa, Shirley		55,699	Heidel, Kellie		75,562
Goota, Monica		90,267	Heidel, Michelle		62,288
Gossen, Karen		80,519	Heit, Tara		55,394
Graham, Joyce		69,816	Helmeczi, Amanda		61,675
Graham, Susan		66,390	Hemsley, Margaret		66,044
Grant, Sandra		71,960	Hepp, Raquel		71,707
Grasby, Michele		62,557	Hertes, Susan		72,832
Graupe, Lori		84,401	Heyens, Amanda		52,262
Gravelle Allenby, Angela		54,471	Hiebert Sturrock, Lannis		54,685
Graw, Esther		59,198	Hillier, Craig		88,203
Greedharry, Prema		58,422	Hilsendager, Brent		58,792
Greenwood, Beverly		66,106	Hilsendager, Rose		58,404
Gregg, Joanne		53,184	Hines, Tyler		58,696

PERSONAL SERVICES (CONTINUED)

Hoganson, Mardelle	$	67,643	Kapusta, Joanna	$	52,739
Hoglander, Lorna		66,343	Keller, Jerry		121,908
Holba, Barb		64,886	Kenny, Karen		85,217
Holbrook, Michael		57,246	Killoran, Jamie		57,984
Horn, Janice		64,629	Killoran, Linda		54,447
Horpestad, Beverlie		58,453	King, Gloria		52,391
Horsman, Shelly		81,474	Kingwell, Darlene		61,082
Hotchkiss, Angela		52,010	Kipp, Renee		58,361
Houk, Valerie		63,131	Kirkland, Marianne		52,457
How, Ernie		55,924	Kirtzinger, Brenda		90,712
Hritzuk, Celine		65,536	Knutson, Theresa		63,482
Hryn, Donna		63,392	Koch, Gail		61,132
Huard, Patricia		51,572	Koch, Lori		79,465
Hubbard, Barry		280,115	Kondra, Jennifer		50,725
Huebert, Kristin		66,116	Koroll, Georgette		66,653
Hulme, Angela		50,491	Koroluk, Richard		101,774
Hume, Louise		56,266	Kotun, Laurie		58,720
Humenny, Therese		88,990	Kozinski, Judy		53,633
Huxley, Denise		76,853	Kozlowski, Koreen		69,401
Igini Close, Marie		59,917	Kozma, Vivian		74,141
Illingworth, Cherie		60,765	Kramer, Barbara		55,982
Illingworth, Connie		110,838	Kramer, David		58,012
Imhoff, Shannon		62,177	Kube, Donna		52,795
Ip Fung Chun, Roger		93,753	Kzyzyk, Diane		60,010
Ironstand, Janet		53,626	Laclare, Elaine		54,180
Iturralde, Lailani		62,118	Laclare, Larry		62,257
Iwanchuk, Debbie		67,932	Lafreniere, Pamela		84,891
Jack, Shirley		62,296	Lamb, Linda		65,471
Jamieson, Claudette		111,416	Lamon, Pamela		59,200
Jamieson, Jennifer		71,949	Lamontagne, Jennifer		51,476
Jesse, Lorrieann		56,653	Lamoureux, Peggy		139,875
Jiricka, Barbara		100,772	Landreth, Janet		67,994
Johnson, Barbara		55,317	Landrie, Cynthia		78,190
Johnson, Nicole		60,087	Laplante, Christina		54,887
Jones, Judy		56,937	Lauritzen, Dianne		58,402
Jonsson, Brian		78,582	Lavoie, Gail		87,586
Jordan, Debra		67,233	Lavoie, Judy		63,625
Jordan, Jason		60,564	Lay, Julia		50,792
Kaltenborn, Vicki		71,970	Lay, Justine		64,921
Kalyn, Rhonda		54,623	Leibel, Lillian		65,242
Kalynchuk, Valarie		66,502	Leier, Betty Lou		65,096
Kane, Bonnie		57,522	Leitner, Jean		68,116
Kaplar, Gwendolyn		80,955	Leniuk, Janine		64,389

PERSONAL SERVICES (CONTINUED)

Lessner, Dwayne	$	69,884	McRae, Kenneth	$	76,668
Letwinetz, Bonnie		65,205	McWatters, Patricia		79,171
Lewis, Linda		67,932	Meagher, Lisa		51,191
Lindquist, Marilyn		62,091	Mee, Brad		60,991
Lindquist, Murray		80,690	Meena, Sharon		72,310
Lindquist, Randy		82,666	Meier, Terry		52,156
Lisko, Tamara		74,972	Meikle, Mary Lynn		56,524
Loch, Sharlene		100,910	Melchior, Jacquelin		86,313
Lockhart, Joyce		67,791	Melenchuk, Dalton		65,216
Lockwood, Dorothy		54,074	Melling, Lynne		88,355
Loewen, Heather		67,215	Michaud, Jeanne		61,000
Loney, Shirley		96,130	Michaud, Therese		79,361
Looshorn, Jennifer		69,607	Miller Marinier, Terry		61,809
Loveday, Marsha		66,703	Miller, Jennifer		56,340
Lumsdon, Janet		58,378	Miller, Valerie		50,621
Lund, Leona		55,396	Mills, Patricia		54,040
MacDiarmid, Donna		60,341	Misener, Patricia		71,675
MacDonald, Joan		70,120	Mitchell, Cheryl		78,582
MacKinnon, Andrea		56,882	Moir, Barbara		71,422
MacKinnon, David		91,021	Monchuk, Teresa		64,682
MacKrell, Carol		69,337	Moody, Rae Lee		61,104
MacNab, Ralph		73,776	Moore, Dennis		61,081
Madsen, Dorothy		60,825	Moore, Leona		63,591
Maestrocampo, Cynthia		63,479	Moore, Linda		52,252
Mamer, Susan A		67,494	Moore, Linda		55,227
Manegre, Sherri		59,018	Morin, Rochelle		61,082
Mann, Sabrina		50,880	Morin, Roxanne		70,698
Mason, Betty		65,429	Moylan, Jennifer		68,609
Matechuk, Joan		69,628	Munroe, Frank		62,599
May, Erin		57,663	Murphy, Irene		68,643
McCall, Gerard		77,439	Mushka, Linda		58,445
McCallum, Georgette		54,315	Nachtegaele, Glenn		58,682
McCaslin, Howard		67,683	Nagy, Sylvia		78,582
McDonald, Melanie		77,671	Naigle, Odile		68,575
McHattie, Jane		72,548	Nash, Faith		58,407
McIntyre, Darcy		65,286	Navarro, Lori		66,811
McLeod, Mary		59,018	Nelson, Donna		61,422
McMaster, Teresa		58,744	Nielsen, Tracie		90,758
McMillan, Murray		66,643	Nixon, Rhonda		60,648
McMillan, Teresa		77,576	Nolin, Gary		67,917
McNeil, Dana		72,009	Nyholt, Pamela		74,209
McOuat, Ina		54,539	Nystrom, Dawn		73,185
McRae, Joan		60,631	Oborowsky, Earl		90,039

PERSONAL SERVICES (CONTINUED)

Oborowsky, Lynette	$	51,441	Prescesky, Jan	$	58,235
Oborowsky, Tara		52,520	Preston, Colleen		78,583
Ohanlon, Tanya		65,224	Pritchard, Randy		77,950
Olenick, Glenna		55,946	Pruden McIvor, Suzanne		78,582
Oliver, Lisa		74,402	Prystupa, Tracey		77,899
Oliver, Lynda		65,416	Ptolemy, Joyce		55,433
Olson, Donna		50,312	Rackel, Mary		65,151
Olson, Jesse		61,369	Raiche, Chasity		64,361
Omelchenko, Kim		86,077	Raiche Bogdan, Karen		66,246
Opekokew, Myra		58,448	Randell, Michelle		54,407
Oquinn, Jeanne		97,254	Rathke Kubik, Candace		63,147
Orriss, Cliff		78,582	Raw, Julie		65,742
Oster, Adrienne		62,039	Rea, Gina		64,999
Oster, Louise		52,844	Redhead, Tammy		61,496
Ouellette, Keith		95,578	Reid, Julie		53,829
Oullette, Sandra		80,076	Reimer, Bruce		88,601
Ovens, Lucie		52,854	Reinhart, Cathy		81,516
Palidwor, Marion		65,589	Reiter, Ruth		58,032
Palmer, Janet		91,944	Rewerts, Marsha		63,490
Paylor, Lindsay		62,960	Rhinehart, Marcia		55,287
Panamaroff, Ruby		64,822	Rindero, Lynzie		80,757
Panapasa, Lusia		76,403	Risling, Cora		54,261
Parker, Scott		74,688	Risling, Diana		57,692
Parkinson, Glenda		97,961	Robb, Kerri		58,393
Pashniak, Sandra		54,261	Robinson, Alice		76,947
Pellerin, Sonja		90,805	Robinson, Shelley		67,630
Pentz, Daniel		291,894	Rogers, Ann		51,759
Perkins, Diane		74,230	Rogers, Corrinne		72,220
Perrin, Colleen		50,204	Rohovich, Carol		57,653
Peterson, Janet		59,960	Ross, Debra		52,774
Petruk, Paula		70,912	Roszlein, Diane		143,876
Phipps, Carol		51,591	Roth, Louise		59,640
Phommavong, Dur		63,842	Rothenburger, Evelyn		66,496
Piatt, Roger		66,304	Roussel, Debbie		57,420
Pidkowa, Barbara		88,989	Rowland, Mary		62,869
Pierce Argue, Glenda		58,674	Roy, Melodie		70,241
Piper, Diane		67,836	Rutherford, Joyce		67,366
Piper, Jaimie		50,436	Sack, Gail		52,215
Pitman Fisher, Patricia		71,008	Sack, Linda		78,823
Politeski, Linda		67,948	Sanche, Debra		69,444
Polkosnik, Rachelle		54,939	Sankey, Sharon		84,941
Pollock, Stephen		65,031	Sawatzky, Yvonne		64,687
Potter, Murray		54,012	Sayers, Chad		82,842

PERSONAL SERVICES (CONTINUED)

Schenker, Christine	$	52,528
Schlapkohl, Wayne		85,443
Schlekewy, Georgia		53,237
Schmidt, Denise		59,156
Schmidt, Leona		59,859
Schneider, Allison		50,521
Schneider, Lucille		54,138
Schneider, Patricia		56,539
Schultz, Colleen		55,521
Schussler, Kevin		53,470
Schweder, Laurie		85,328
Scott Olsen, Randa		75,451
Seabrook, Carlie		50,809
Seru, Mereamo		88,496
Servold, Brenda		63,734
Seymour, Judith		50,681
Shabatura, Kyla		53,041
Shaw, Adena		62,334
Sheppard, Lynn		58,952
Shynkaruk, Linda		90,805
Sieben, Dianne		65,981
Sieben, Tracy		77,073
Siklenka, Brenda		56,681
Simmons, Brenda		58,118
Simon, Curtis		85,001
Simon, Doreen		66,826
Simons, Karen		61,082
Sinfield, Beverly		56,092
Slager, Tammy		51,758
Slater, Carol		59,533
Smiley, Linda		88,584
Smith, Joan		50,011
Smith Jonsson, Lori		58,609
Sonmor, Elaine		50,439
Sonnega, Lois		87,840
Spence, Caroll		77,897
Spencer, Valarie		52,200
Squair, Laura		81,153
Staff, Larry		78,562
Stafford, Bonnie		63,153
Startup, Ken		66,526
Stein, Eleanor		61,751
Steinacher, Roxanne		56,350
Steinborn, Laura	$	67,784
Stephen, Mark		55,937
Stevenson, Roberta		67,436
Stewart, Audrey		58,722
Stoebich, Irene		68,849
Strueby, Gail		65,581
Suberlak, Rhonda		85,328
Sutherland, Brenda		70,871
Sutherland, Charene		54,483
Sutherland, Debra		50,104
Sutton, Richard		73,173
Swan, Terry		71,293
Swatschina, Kara		50,016
Swerid, Cora		54,638
Sword, Sherry		76,306
Sylvestre, Neal		90,805
Sywenky, Lesia		53,386
Tait, Christine		55,031
Tarasoff, Lorna		70,424
Tatchell, Maureen		69,904
Taylor, Carol		53,915
Taylor, Sheila		57,222
Tebay, Roberta		96,260
Ternes, Ronald		86,390
Thiele, Chris		75,382
Thiessen, Judy		51,948
Thomas, Patricia		62,428
Tkatchuk, Sheila		55,337
Tokaryk, Dawne		63,900
Tollefson, Judy		83,680
Toye, Colleen		67,932
Tran, Sam		78,324
Treacy, Karolyn		110,271
Trew, Lorraine		65,912
Tuiloma, Adi		75,599
Turcotte, Brenda		63,621
Turnbull, Brian		66,599
Uzelman, Dione		56,258
Uzelman, Glennys		121,901
Van Der Merwe, Lynette		75,536
Van Nortwick, Linda		74,264
Vany, Angele		50,117
Vany, Yvonne		72,613

PERSONAL SERVICES (CONTINUED)

Varghese, Gigi	$	66,238	Wiebe, Alison	$	64,237
Veikle, Anita		54,686	Wiens, Gina		75,167
Veikle, Joan		55,306	Wilford, Loucinda		79,898
Veltikold, Georgina		70,446	Wilkes, Michelle		57,710
Vick, Bonnie		103,955	Wilkie, Fred		61,082
Victor, Ashley		51,185	Williams, Tammy		56,196
Vogel, Margaret		69,104	Williamson, Carol		51,074
Wagar, Marie		55,533	Williamson, Donna		67,295
Walker, Joyce		74,834	Williamson, Tanya		52,886
Walker, Tracy		67,265	Winterhalt, Blaine		61,557
Wall, Elaine		69,526	Winterholt, Catriona		61,257
Wallace, Lucy		81,332	Wirachowsky, Jean		59,165
Walls, James		78,582	Wladychka, Robert		89,150
Wappel, Wendy		62,510	Wobeser, Edith		59,642
Warren, Chris		59,180	Wolfe, Anita		56,213
Wasson, Lorraine		98,254	Woloski, Roy		62,817
Wasyliw, Shelley		78,582	Wright, Christine		55,088
Waterhouse, Jodie		72,865	Wright, Debra		100,909
Watson, Carolyn		53,891	Wright, Melissa		50,524
Watson, Donna		94,679	Wuttunee, Alice		61,104
Watson, Katharina		61,244	Wyatt, Shirley		68,262
Watt, Anne		83,910	Wychopen, Janice		67,491
Watt, Kelly		77,878	Yablonski, Lori		62,510
Watt, William		63,235	Yates, Donald		64,091
Weber, Bonnie		63,629	Yuen, Wai		92,300
Weber, Daneen		77,074	Yuhasz, Juanita		50,902
Weber, Lori		69,957	Zacharias, Leila		56,112
Weikle, Mireille		66,915	Zarowny, Tamara		54,309
White, Terry		63,122	Zimmer, Joan		90,805
Whittles, Shirley		55,534	Zinchuk, Michelle		60,707
Whyte, Sheila		65,398	Zinger, Ronda		63,998
Wick, Judith		53,843	Zou, Hongyu		56,499

Supplier Payments

Listed are payees who received $50,000 or more for the provision of goods and services, including office supplies, communications, contracts and equipment.

Abbott Laboratories	$	237,130
Alberta Health		67,975
Alcon Canada Inc		183,572
Aodbt Architecture Interior		575,748
Arjo Canada Inc		289,259
Atco Gas		167,719
Bard Canada Inc		95,275
Baxter Corporation		53,865
Bayer Inc		57,777
BCOM Computer		339,836
Beckman Coulter Canada Inc		173,934
Battleford Physiotherapy		70,656
Biomerieux Canada Inc		117,309
Bomimed Inc		693,900
Bralin Technology Solutions		75,750
Bunzl Canada Ltd		194,361
Canadian Corps Of Commissionaires		150,568
Can Med Healthcare		282,779
Can Mental Health Ass-N B'Ford		124,091
Ceg Energy Options Inc		482,714
Chef Redi-Meats Inc		68,404
Cherry Insurance		191,213
City Of Lloydminster		80,412
City Of North Battleford		207,502
Crestline		123,398
CUPE Local 5111		1,061,678
CVS Cardio Vascular Sales		99,375
Department of Laboratory Medicine		64,030
DHL Express (Canada) Ltd		50,094
Dictaphone Canada		61,796
Domco Construction Inc		7,986,003
Dynacare Kasper Medical Labs		131,676
Fiber Tech Canada		235,548
Futuremed		453,827
Gambro Inc		65,406
Geanel Restaurant Supplies		202,433
G-M Pearson Biomedical Waste		70,001
Grand & Toy		276,891
Great West Life Assurance Co		1,035,247
Health Sciences		112,022
Healthmark Ltd		62,967
Healthmetrx Canada		50,395
Hill-Rom Canada	$	124,349
Hospira Healthcare Corporation		609,664
Ikon Office Solutions		293,476
Intercity Packers Ltd		63,216
Johnson & Johnson Medical Prod		414,537
Kemsol Products Ltd		164,247
Kodak Canada Inc		81,723
Local Authorities Pension Plan		1,059,255
M C Healthcare Products Inc		371,971
Marian Press Ltd		58,374
Marsh Canada Ltd		343,479
McKesson Canada Corporation		841,268
Meadow Lake Associate Clinic		236,619
Metafore Lp (Sk)		122,280
Microsulis Canada Inc		61,842
Minister of Finance (PST)		171,611
Nicole Enterprises Inc		121,022
Nor West Distributors Inc		66,851
North Sk Laundry & Support		1,750,450
North West Catholic School Div16		74,400
Novartis Pharmaceuticals Canada		294,684
Ormed Information Systems Ltd		133,281
Ortho Clinical Diagnostic		166,260
Philips Medical Systems		780,940
PML Microbiologicals		52,180
Portage Vocational Society Inc		68,108
Prairie Meats		192,238
Public Employees Superannuation		945,285
Public Service Superannuation		291,392
RCDP/CPDN		1,348,813
Receiver General For Canada		31,419,038
River City Plumbing & Heating		67,443
Roche Diagnostics		521,772
Russell Food Equipment Ltd (S'To		84,951
Sask Assoc of Health Care Organizations		6,794,832
Saputo		273,186
Schaan Healthcare Products		1,755,344
SHEPP		8,791,324
Shoppers Drug Mart (N B'Ford)		235,316
Sask Energy		818,222
Sask Health		101,629
Sask Power Corporation		1,327,297

Supplier Payments (Continued)

Sask Property Management Co.	$	1,112,102	Sysco (Regina)	$	905,335
Sask Registered Nurses Association		181,791	Thorpe Brothers Ltd		751,233
Sask Tel		863,416	Tyco Healthcare Group Inc		229,592
Smith & Nephew Richards		79,097	Unisource Canada Inc		183,972
Smiths Medical Canada Ltd		138,577	Van Houtte Coffee (Saskatoon)		51,579
Softchoice Corporation		133,719	Vital Aire (Saskatoon)		77,848
Sonosite		74,742	Vitality Foodservice Canada Ltd		68,199
Source Medical		487,374	Wallace Meschishnick & Partners		54,583
Steris Canada Inc		115,699	Worker's Compensation Board - AB		113,285
Stevens Company Limited		174,502	Worker's Compensation Board - SK		1,882,503
Saskatchewan Union of Nurses		428,660	Weston Bakeries Limited		55,875
Sunspun Food Service		430,901	Wright Construction Western Inc		688,281
Sysco (Edmonton)		195,838			

Transfers

Listed, by program, are transfers to recipients who received $50,000 or more.

Battleford Early Childhood	$	78,510	Libbie Young Centre Inc	$	316,086
Battleford Family Health Centre		742,894	Lloyd Emergency Care		879,728
Children First Childcare		310,543	Marshall's Ambulance		556,468
Early Childhood Services		107,515	MD Ambulance Care Ltd		222,206
East Central Regional Health Authority		200,956	Villa Pascal		1,646,081
Edwards Society Inc		304,240	Walter A Slim Thorpe Recovery Centre		441,997
Learning Tree Child Development		60,225	WPD Ambulance		1,025,192

Other Expenditures

Listed are payees who received $50,000 or more for expenditures not included in the above categories.

6308538 Canada Inc	$	551,727	James Best Medical Professional Corporation	$	75,186
Abdel-Salam, Dr E		53,513	Johnson, Dr J		85,657
Abouhamra, Dr		60,750	Kostic, Dr Zlatko		71,436
All Saints Medical Practice Professional Corporation		286,549	Loewy Medicine Professional Corporation		348,860
Bairagi, Dr N		59,695	Marcelo, Dr M		294,515
Baruch Medical Services Professional Corporation		95,144	Mehboob, Dr Mohammad		278,534
Bekker, Dr. Leon		289,372	Nabi, Dr W		105,826
Botha, Dr Martin		89,997	Neveling, Dr Ch		165,317
Chen, Dr S		189,470	Niemand, Dr Christiaan		238,658
Cholin, Brenda Dr		249,080	Ntambazi, Dr Matthew		269,782
Craib, Dr Gordon		82,142	Prystupa, Dr Aaron		87,400
Cross, Dr Jim		122,210	Ramachandran, Dr K		329,362
Dala, Dr G		268,331	Ramachandran, Dr N		306,456
Dr Mahmood Medical Profession Corporation		317,439	Ratha, Dr Raj		175,368
Duncan, Dr D		297,427	Reddy, Dr Dhanasagren		60,627
Elghdewi, Dr		61,770	Retief, Dr Petrus		95,063
Furniss, Dr. Cm		76,360	Rogers, Dr R M		72,759
Holtzhausen, Dr P		82,489	Singh, Dr Minesh		61,893
Ibarreta, Dr N		284,014	Tootoosis, Dr Janet		66,146
			Urbani, Dr Gian		63,767

Performance Management Summary 2006/2007

In support of *The Action Plan for Saskatchewan Health Care*, Saskatchewan Health developed an *accountability framework* that defines and clarifies the performance relationship between regional health authorities (RHAs) and the province. The Accountability Documents articulate the department's expectations (both high-level organizational, and program-specific) of regions for the funding that is provided. The associated measures/indicators are used in assessing if regions met, or are progressing towards meeting, these expectations.

To demonstrate accountability and transparency to the public, these indicators are reported through this summary table in each region's annual report. For detailed indicator descriptions, please refer to the *Performance Management Accountability Indicators* document on the Saskatchewan Health website at www.health.gov.sk.ca.

INDICATOR	RHA VALUE	PROVINCIAL VALUE	RANGE	TARGET
Organizational Effectiveness Indicators				
Quality				
Date of last CCHSA accreditation or when accreditation is scheduled *as of March 2007*	Survey Scheduled June 10 – 15, 2007	*not applicable*	*not applicable*	*to be determined*
Date when the RHA participated in the Institute for Safe Medication Practices (ISMP) Canada "Hospital Medication Safety Self-Assessment", or when participation is planned *as of March 2007*	Fall 2007	*not applicable*	*not applicable*	*to be determined*
Number of client contacts with the Quality of Care Coordinator to raise a concern *2005/2006*	138	*not applicable*	*not applicable*	*not applicable*
Percentage of concerns raised with a Quality of Care Coordinator concluded within 30 days *2005/2006*	66%	86%	66% - 99%	*to be determined*
Workforce Planning				
The number of positions sitting vacant for periods longer than six months *(indicator to be developed)*	——	——	——	——

INDICATOR		RHA VALUE	PROVINCIAL VALUE	RANGE	TARGET
Distribution of health system full time equivalents (FTEs) by affiliation *2006/2007*	Provider Union CUPE - SK	1,290.30	*not applicable*	*not applicable*	*not applicable*
	Provider Union AUPE - AB	88.53			
	HSAS	122.69			
	OOS/OTHER[1] - SK	139.51			
	OOS/OTHER[1] - AB	12.20			
	SUN	384.41			
	UNA - AB	13.70			
	RWDSU[2]	*not applicable*			
	Organization as a whole	2,051.34			
Number of wage-driven premium hours (overtime and other premiums) per full time equivalent (FTE) by affiliation *2006/2007*	Provider Union CUPE - SK	39.22	36.85	16.36 – 91.10	*to be determined*[3]
	Provider Union AUPE - AB	*not available*	*not available*	*not available*	*not available*
	HSAS	23.91	25.44	0.25 – 117.97	*to be determined*[3]
	OOS/OTHER[1] - SK	5.44	3.46	0.00 – 16.92	*to be determined*[3]
	OOS/OTHER[1] - AB	*not available*	*not available*	*not available*	*not available*
	SUN	105.31	81.54	27.14 – 368.66	*to be determined*[3]
	UNA - AB	*not available*	*not available*	*not available*	*not available*
	RWDSU[2]	*not applicable*	*not applicable*	*not applicable*	*to be determined*[3]
	Organization - All SK affiliations ONLY	48.93	42.47	17.19 – 131.56	*to be determined*[3]

INDICATOR		RHA VALUE	PROVINCIAL VALUE	RANGE	TARGET
Worked hours as a percentage of total hours by affiliation *2006/2007*	Provider Union CUPE - SK	78.5%	78.3%	73.1% - 80.7%	*to be determined* [3]
	Provider Union AUPE - AB	*not available*	*not available*	*not available*	*not available*
	HSAS	80.5%	80.8%	75.0% - 83.9%	*to be determined* [3]
	OOS/OTHER[1] - SK	81.5%	82.5%	76.4% - 84.5%	*to be determined* [3]
	OOS/OTHER[1] - AB	*not available*	*not available*	*not available*	*not available*
	SUN	74.0%	74.7%	63.7% - 77.9%	*to be determined* [3]
	UNA - AB	*not available*	*not available*	*not available*	*not available*
	RWDSU[2]	*not applicable*	*not applicable*	*not applicable*	*to be determined* [3]
	Organization - All SK affiliations ONLY	77.9%	78.1%	72.5% - 80.7%	*to be determined* [3]
Number of sick leave hours per full time equivalent (FTE) by affiliation *2006/2007*	Provider Union CUPE – SK	85.17	89.78	71.62 – 107.61	*to be determined* [3]
	Provider Union AUPE – AB	*not available*	*not available*	*not available*	*not available*
	HSAS	68.70	65.62	44.65 – 92.53	*to be determined* [3]
	OOS/OTHER[1] - SK	53.63	47.34	27.68 – 61.46	*to be determined* [3]
	OOS/OTHER[1] - AB	*not available*	*not available*	*not available*	*not available*
	SUN	83.51	89.34	63.83 – 96.84	*to be determined* [3]
	UNA	*not available*	*not available*	*not available*	*not available*
	RWDSU[2]	*not applicable*	*not applicable*	*not applicable*	*to be determined* [3]
	Organization - All SK Affiliations ONLY	81.52	84.12	64.15 – 93.63	*to be determined* [3]

INDICATOR		RHA VALUE	PROVINCIAL VALUE	RANGE	TARGET
Number of lost-time WCB claims per 100 full time equivalents (FTEs) – SK FTEs only *2006/2007*		7.69	7.67	0.53 – 10.00	*to be determined* [3]
Number of lost-time WCB days per 100 full time equivalents (FTEs) – SK FTEs only *2006/2007*		401.10	468.45	38.43 – 766.40	*to be determined* [3]
Percentage of employees self-identifying as Aboriginal *2005/2006* [4]		*not available*	*not available*	*not applicable*	*to be determined* [3]
Number of clinical placements offered and taken within the Region *(indicator to be developed)*		———	———	———	———
Financial					
Surplus/deficit *2006/2007*		$1,404,503	*not applicable*	$90,050 - $7,861,926 [29]	$0
Surplus (deficit) as a percentage of actual operating expenditures *2006/2007*		0.9%	*not applicable*	0.1% - 9.0% [29]	0.0% - 0.5%
Working capital ratio (current ratio) *2006/2007*		1.09	*not applicable*	0.23 – 1.81 [29]	*to be determined*
Number of days able to operate with working capital *2006/2007*		(1.04)	*not applicable*	(61.97) – 28.71 [29]	*to be determined*
Communications and Issues Management					
Key activities undertaken by RHA to address public confidence reported *2006/2007* *[yes/no indicator]*	Q1	Yes	*not applicable*	*not applicable*	significant activity is expected annually, but need not be reflected quarterly
	Q2	Yes			
	Q3	Yes			
	Q4	Yes			
Capital					
Annual equipment maintenance costs as a percentage of annual equipment replacement costs *(Indicator to be developed)*		———	———	———	———
Program-Specific Indicators					
Province-Wide Services					
Number of patients as a percentage of agreed on target for magnetic resonance imaging (MRI) services [5] *2006/2007*		*not applicable*	102.4%	101.2% - 103.3%	100%

INDICATOR		RHA VALUE	PROVINCIAL VALUE	RANGE	TARGET
Number of exams as a percentage of agreed on target for magnetic resonance imaging (MRI) services [5] *2006/2007*		*not applicable*	90.6%	85.9% - 93.1%	100%
Number of actual hours of operation for magnetic resonance imaging (MRI) services [5] *2006/2007*		*not applicable*	*not applicable*	*not applicable*	*to be determined*
Number of patients as a percentage of agreed on target for computed tomography (CT) services [6] *2006/2007*		93.5%	98.0%	93.5% - 111.0%	100%
Number of exams as a percentage of agreed on target for computed tomography (CT) services [6] *2006/2007*		73.5%	107.3%	73.5% - 125.6%	100%
Number of actual hours of operation for computed tomography (CT) services [6] *2006/2007*		3,825	*not applicable*	*not applicable*	*to be determined*
Number of patients as a percentage of agreed on target for bone mineral densitometry (BMD) services [5] *2006/2007*		*not applicable*	90.5%	78.4% - 101.7%	100%
Number of actual hours of operation for bone mineral densitometry (BMD) services [5] *2006/2007*		*not applicable*	*not applicable*	*not applicable*	*to be determined*
Number of patient years of dialysis provided in the current fiscal year [7] *2006/2007*		11.97	*not applicable*	*not applicable*	*to be determined*
Current fiscal year's chronic kidney disease services levels as compared to previous fiscal year's levels [8] *As at December 31, 2006*	Number of chronic renal insufficiency patients	*not applicable*	*not applicable*	*not applicable*	*to be determined*
	Number of peritoneal dialysis patients	*not applicable*			
	Number of home unit chronic hemodialysis patients	*not applicable*			
	Number of north/south chronic hemodialysis patients	*not applicable*			
Average wait time for admission to Saskatchewan Hospital North Battleford (SHNB) [9] *2005/2006*		42 days	*not applicable*	*not applicable*	*to be determined*



INDICATOR		RHA VALUE	PROVINCIAL VALUE	RANGE	TARGET
Length of stay efficiency of inpatient rehabilitation programs – Wascana Rehabilitation Centre and Saskatoon City Hospital[10,11] *2005/2006*	Stroke	*not applicable*	*not applicable*	*not applicable*	*to be determined*
	Brain Dysfunction				
	Spinal Cord Dysfunction				
	Orthopaedic Conditions				
	Neurological Conditions				
	Amputation of Limb				
	Major Multiple Trauma				
	Medically Complex				
	Debility				
	Cardiac				
	Pulmonary				
	Arthritis				
	Pain Syndrome				
	Other				
Alcohol and drug inpatient treatment completion rate per 100 admissions – Calder Centre[12] *2005/2006*	Child / Youth	65.0%	*not applicable*	*not applicable*	*to be determined*
	Adult	67.3%			
Acute Care					
Percentage of surgical cases performed as day surgery[13] *2006/2007*		54.2%	56.3%	39.1% - 74.8%	*not applicable*
Number and percentage of surgical cases on wait list that have already waited over 12 months[13] *2006/2007*	Number	0	*not applicable*	*not applicable*	*not applicable*
	Percentage	0.0%	19.9%	0.0% - 23.8%	10%

INDICATOR		RHA VALUE	PROVINCIAL VALUE	RANGE	TARGET
Number and percentage of surgical cases on wait list that have already waited over 18 months[13] *2006/2007*	Number	0	*not applicable*	*not applicable*	*not applicable*
	Percentage	0.0%	9.5%	0.0% - 12.0%	0%
Percentage of Priority Level I, II, III and IV surgical cases completed within target time frames[13] *2006/2007*	Priority Level I within 3 weeks	97.4%	57.3%	43.7% - 97.4%	95%
	Priority Level II within 6 weeks	96.6%	43.8%	0.0% - 96.6%	90%
	Priority Level III within 3 months	98.8%	63.9%	43.3% - 100.0%	90%
	Priority Level IV within 12 months	100%	88.0%	79.3% - 100.0%	90%
Cumulative number of surgical cases performed as a percentage of target and variance from target [13] *2006/2007*	Percentage of target	98.2%	98.3%	85.2% - 122.4%	100%
	Variance from target	-83	*not applicable*	*not applicable*	*not applicable*
Institutional Supportive Care					
Average wait time between approval for placement and placement for institutional supportive care services *(indicator to be developed)*		———	———	———	———
Prevalence of pressure sores: percentage of institutional supportive care residents with pressure sores[14] *as at the end of Q2 2006/2007*		28.28%	21.94%	16.47% - 28.28%	*to be determined*
Case mix index for institutional supportive care facilities[14] *as at the end of Q2 2006/2007*		0.782	0.771	0.725 – 0.800	*to be determined*
Home-Based Supportive Care					
Case mix index for supportive home care services *(indicator to be developed)*		———	———	———	———
Average wait time between referral and assessment for supportive home care services *(indicator to be developed)*		———	———	———	———

INDICATOR		RHA VALUE	PROVINCIAL VALUE	RANGE	TARGET
Average wait time between assessment and commencement of supportive home care services *(indicator to be developed)*		——	——	——	——
Population Health Services					
Percentage of off reserve schools that are implementing health food nutrition policies *as of September 1, 2006*		4.8%	*not applicable*	0.0% - 27.3%	60% of schools by September 2011
Exclusive breastfeeding rates[15] *2005*		23.26%	21.28%	13.64% - 40.11%	*to be determined*
Percentage of eligible population registered in SIMS and receiving recommended immunization at second birthday[16] *July 1, 2005 to June 30, 2006*	Diphtheria	73.4%	73.5%	50.0% - 87.2%	*to be determined*
	Measles	71.7%	72.5%	67.9% - 86.1%	
Influenza immunization rate per 100 population (age 65 years and over) *2005/2006*		74%	66%	46% - 77%	*to be determined*
Percentage of licensed or regulated facilities inspected each year (pursuant to *The Public Health Act*) *2005/2006 and 2006/2007*	FEE – Food Eating Establishment	95% 83%	*not applicable*	45% - 100% 71% - 100%	80% – 100%
	FPL – Food Processing (Licensed)	100% 93%	*not applicable*	20% - 100% 67% - 100%	
	LA – Licensed Accommodations	90% 83%	*not applicable*	31% - 100% 52% - 100%	
	SP – Swimming Pools	100% 100%	*not applicable*	43% - 100% 45% - 100%	
	Public Water Supplies	97% 90%	*not applicable*	20% - 100% 18% - 100%	
Percentage of genital chlamydia cases with complete or required surveillance information in the electronic provincial surveillance system within established time frames *(indicator to be further developed)*		——	——	——	——

INDICATOR		RHA VALUE	PROVINCIAL VALUE	RANGE	TARGET
Percentage of facilities in compliance with *The Tobacco Control Act* in the category that includes: billiard halls / bingo establishments / bowling centres / casinos / restaurants / taverns *(data is currently not available due to system implementation issues)*		———	———	———	90% compliance
Percentage of population (age 12 years and over) who are current (daily or occasional) smokers[15] *2005*	Males	29.26%	25.13%	19.95% - 41.75%	*to be determined*
	Females	25.76%	23.30%	16.36% - 32.31%	
Community Care Services					
Average wait time between initial contact and first face-to-face contact for outpatient child and youth mental health services *(indicator to be developed)*		———	———	———	———
Average wait time between initial contact and first face-to-face contact for outpatient adult community mental health services *(indicator to be developed)*		———	———	———	———
Average wait time between initial contact and first face-to-face contact for outpatient psychiatric rehabilitation mental health services *(indicator to be developed)*		———	———	———	———
Alcohol and drug outpatient treatment completion rate per 100 admissions *2005/2006*		49.2%	59.7%	41.8% - 72.2%	*to be determined*
Average wait time for admission to alcohol and drug outpatient services *(data not available)* [17]		———	———	———	———
Problem gambling treatment completion rates per 100 admissions *(indicator to be developed)*		———	———	———	———
Home-Based Acute and Palliative Care					
Average wait time between referral and assessment for acute and palliative home care services *(indicator to be developed)*		———	———	———	———
Average wait time between assessment and commencement of home-based acute and palliative care *(indicator to be developed)*		———	———	———	———

INDICATOR		RHA VALUE	PROVINCIAL VALUE	RANGE	TARGET
Percentage of palliative home care clients with unresolved pain *(indicator to be developed)*		———	———	———	———
Percentage of palliative home care clients who choose to die at home and receive services in support of that option *(indicator to be developed)*		———	———	———	———
Percentage of patients discharged from acute care to home care with post-acute discharge plan in place on discharge *(indicator to be developed)*		———	———	———	———
Primary Health Services					
Percentage of RHA population with geographic proximity to primary health care teams *March 2007*		14.53%	19.98%	0.00% - 100.00%	25% of SK residents by 2006, 100% by 2011
Number of discrete clients receiving primary health care services in the RHA *2006/2007*	Q1	2,465	*not applicable*	*not applicable*	*not applicable*
	Q2	2,107			
	Q3	2,399			
	Q4	2,173			
Number of Healthline calls for the RHA *2006/2007*	Q1	1,779	*not applicable*	*not applicable*	*not applicable*
	Q2	1,677			
	Q3	1,920			
	Q4	1,953			
	Year as a whole	7,329			
Total number of new primary health care teams developed in the current year *2006/2007*		0	*not applicable*	*not applicable*	*not applicable*
Emergency Response Services					
Percentage of calls where the maximum qualification of all personnel on the call was less than Emergency Medical Technician (EMT) *2005/2006*		0.56%	0.73%	0.00% - 17.97%	*to be determined*

INDICATOR	RHA VALUE	PROVINCIAL VALUE	RANGE	TARGET
Mental Health and Addiction Services				
Average length of stay of mental health inpatients [18] *2005/2006*	11.3 days	15.4	10.1 – 19.8	*to be determined*
Mental health inpatient readmission rate per 100 mental health inpatients[18] *2005/2006*	20.1%	20.9%	18.4% - 25.7%	*to be determined*
Alcohol and drug inpatient treatment completion rate per 100 admissions[19] *2005/2006*	72.6%	69.1%	55.9% - 72.6%	*to be determined*
Average wait time for admission to alcohol and drug inpatient services [20] *February and March 2007* [17]	26 days	*not applicable*	*not applicable*	*to be determined*
Average wait time for admission to alcohol and drug detoxification services[21] *February and March 2007* [17]	3.5 days	*not applicable*	*not applicable*	*to be determined*
Average wait time for admission to alcohol and drug stabilization services [22] *February and March 2007* [17]	*not applicable*	*not applicable*	*not applicable*	*to be determined*
Average wait time for admission to alcohol and drug long term residential treatment services [23] *(data not available)* [17]	——	——	——	——
Program Support Services				
Expenditures in program support funding pool as a percentage of total RHA operating expenditures *2006/2007*	4.9%	*not applicable*	3.8% - 10.5% [29]	12% for Mamawetan Churchill River and Keewatin Yatthé; 5% for all other RHAs
Health Status and Outcome Indicators				
Infant mortality rate per 1,000 live births[24] *2002-2004*	7.5	5.9	4.0 – 10.5	*to be determined*
Low birth weight rate per 100 live births[24] *2002-2004*	5.2	5.4	3.7 – 6.0	*to be determined*
High birth weight rate per 100 live births[24] *2002-2004*	16.0	15.7	12.9 – 31.1	*to be determined*

INDICATOR		RHA VALUE	PROVINCIAL VALUE	RANGE	TARGET
Potential years of life lost per 100,000 population (age 0 to 74 years)[15] *2001[25]*	Circulatory Diseases	852.1	951.5	817.9 – 1,208.9	*to be determined*
	All Malignant Neoplasms	1,427.2	1,483.1	1,126.0 – 1,706.8	
	All Respiratory Diseases	308.2	222.9	63.5 – 376.5	
	Unintentional Injuries	1,153.8	1,028.0	636.4 – 2,781.8	
	Suicide and Self-Inflicted Injuries	530.4	412.1	315.1 – 628.5	
Disability-free life expectancy (at birth)[15] *1996 [25]*	Males	64.7 years	66.6	61.8 – 69.2	*to be determined*
	Females	69.2 years	70.0	63.2 – 72.5	
Disability-free life expectancy (at age 65 years)[15] *1996 [26]*	Males	11.1 years	11.2	8.7 – 12.1	*to be determined*
	Females	12.5 years	12.7	8.4 – 13.2	
Life expectancy (at birth)[15] *2001 [27]*	Males	76.0 years	76.2	72.1 – 78.2	*to be determined*
	Females	80.8 years	81.8	76.1 – 82.8	
Life expectancy (at age 65 years)[15] *2001 [27]*	Males	16.8 years	16.9	15.6 – 18.0	*to be determined*
	Females	20.0 years	20.9	17.2 – 21.8	
Self-rated health status: percentage of population (age 12 years and over) who report their health as very good or excellent[15] *2005*		51.76%	52.35%	39.86% - 57.96%	*to be determined*
Percentage of population (age 18 to 64 years) who are overweight or obese[15] *2005*	Overweight (BMI 25.0-29.0)	33.68%	32.52%	30.53% - 36.12%	*to be determined*
	Obese (BMI 30.0+)	23.33%	20.03%	16.88% - 24.19%	
Percentage of population (age 12 years and over) who report physical activity participation levels of active / moderately active or inactive[15] *2005*	Active / moderately active	38.60%	48.62%	38.60% - 53.35%	*to be determined*
	Inactive	58.77%	49.52%	44.06% - 58.77%	

INDICATOR		RHA VALUE	PROVINCIAL VALUE	RANGE	TARGET
Number of visits to a physician for a mental health reason *2005/2006*	General Practitioners	17,365	*not applicable*	*not applicable*	*not applicable*
	Psychiatrists	1,845			
Age-sex-adjusted diabetes prevalence rate per 1,000 population[28] *2004/2005*		64.3	*not applicable*	41.8 – 95.8	*to be determined*
Injury hospitalization rate per 1,000 population (age 0 to 19 years) *2004/2005*	Males	10.5	10.4	7.3 – 27.0	*to be determined*
	Females	6.7	6.9	4.8 – 12.9	
Hospitalization rate due to falls per 1,000 population (age 65 years and over) *2004/2005*	Males	10.5	14.7	10.5 – 22.0	*to be determined*
	Females	25.7	26.6	19.9 – 38.0	

NOTES:

Please refer to the document "Performance Management Accountability Indicators" for detailed indicator descriptions.

1 The OOS/OTHER category includes all non-unionized employees on the SAHO Payroll system, not just management personnel.

2 The RWDSU category is applicable to Regina Qu'Appelle only.

3 Benchmark development is still in progress for the workforce planning indicators. In the interim, it is suggested that the provincial value or that of the best performer be used as the target.

4 The most recent data for the "Percentage of employees self-identifying as Aboriginal" indicator is from 2005/2006, and is not available for Five Hills, Cypress, Heartland, Prairie North, the Saskatchewan Cancer Agency, or the province as a whole.

5 MRI and bone mineral densitometry indicators are applicable to Regina Qu'Appelle and Saskatoon only.

6 CT indicators are applicable to Cypress, Five Hills, Prairie North, Prince Albert Parkland, Regina Qu'Appelle, Saskatoon, and Sunrise only.

7 Patient years of dialysis indicator is applicable to Cypress, Five Hills, Regina Qu'Appelle, Saskatoon, Kelsey Trail, Prairie North, Prince Albert Parkland, and Sunrise only.

8 Chronic kidney disease services indicator is applicable to Regina Qu'Appelle and Saskatoon only.

9 SHNB indicator is applicable to Prairie North only.

10 "Length of stay efficiency of inpatient rehabilitation programs" indicator is applicable to Regina Qu'Appelle (Wascana Rehabilitation Centre) and Saskatoon (Saskatoon City Hospital) only.

11 Wascana Rehabilitation Centre and Saskatoon City Hospital are not peer facilities, in terms of their inpatient rehabilitation programs. Therefore, their results should not be compared to each other.

12 "Alcohol and drug inpatient treatment completion rate – Calder Centre" is applicable to Saskatoon only.

13 The 2006/2007 target volume of surgeries to be performed by each RHA was negotiated between that RHA and Saskatchewan Health.

14 Due to the small number of institutional supportive care residents in Mamawetan Churchill River and Keewatin Yatthé, the case mix index and pressure sores indicators are not applicable to these regions.

15 Mamawetan Churchill River, Keewatin Yatthé and Athabasca Health Authority were grouped together as "Northern Health Regions" for this indicator.

16 The Saskatchewan Immunization Management System (SIMS) does not capture on-reserve immunizations.

17 Data collection through the Alcohol and Drug Client Information System (ADCIS) will start in April 2007. Results for alcohol and drug inpatient, detoxification, and stabilization services are based on data collected manually in February and March 2007 (Saskatoon detoxification data available for March 2007 only).

18 Mental health inpatient indicators are not applicable to Heartland, Keewatin Yatthé, Kelsey Trail, and Mamawetan Churchill River.

19 "Alcohol and drug inpatient treatment completion rate" is applicable to Keewatin Yatthé, Mamawetan Churchill River, Prairie North, Regina Qu'Appelle, and Saskatoon only.

20 "Average wait time for admission to alcohol and drug inpatient services" is applicable to Keewatin Yatthé, Mamawetan Churchill River, Prairie North, Prince Albert Parkland (youth services), Regina Qu'Appelle, and Saskatoon (both adult and youth services) only.

21 "Average wait time for admission to alcohol and drug detoxification services" is applicable to Five Hills, Keewatin Yatthé, Mamawetan Churchill River, Prairie North, Regina Qu'Appelle, and Saskatoon only.

22 "Average wait time for admission to alcohol and drug stabilization services" is applicable to Regina Qu'Appelle and Saskatoon only.

23 "Average wait time for admission to alcohol and drug long term residential treatment services" is applicable to Prairie North only.

24 Starting 2005/2006, the calculation methodology for the "Infant mortality rate", "Low birth weight rate" and "High birth weight rate" indicators changed from what was used previously. The time period also changed (three consecutive years, instead of five). Because these measures are calculated on a three-year basis, results are the same as those reported in 2005/2006.

25 Statistics Canada calculates this measure intermittently. The most recent is based on 2000 through 2002 death data and 2001 population estimates. Therefore, results are the same as those reported for 2005/2006.

26 Statistics Canada no longer calculates this measure (a similar measure, "Health Adjusted Life Expectancy (HALE)", exists but is not available at the regional level). Therefore, results are the same as those reported for 2004/2005 and 2005/2006.

27 Statistics Canada calculates this measure every 5 years, based on the latest census (2001). Therefore, results are the same as those reported for 2004/2005 and 2005/2006.

28 Starting 2005/2006, diabetes cases are determined using an enhanced version of the methodology (the prescription drug database is now used along with the hospital separations and physician services databases). Caution should be exercised if comparing results to those presented in the 2004/2005 summary. The age-sex-adjusted rates were calculated using 1996 Statistics Canada Census populations for Saskatchewan by sex and ten-year age groups.

29 Range values are based on data from final, unaudited financial statements.

MANAGEMENT REPORT

May 11, 2007

PRAIRIE NORTH HEALTH REGION
REPORT OF MANAGEMENT

The accompanying financial statements are the responsibility of management and are approved by the Prairie North Regional Health Authority. The financial statements have been prepared in accordance with Canadian Generally Accepted Accounting Principles and the Financial Reporting Guide issued by Saskatchewan Health, and of necessity include amounts based on estimates and judgments. The financial information presented in the annual report is consistent with the financial statements.

Management maintains appropriate systems of internal control, including policies and procedures, which provide reasonable assurance that the Region's assets are safeguarded and the financial records are relevant and reliable.

The Authority is responsible for reviewing the financial statements and overseeing Management's performance in financial reporting. The Authority meets with Management and the external auditors to discuss and review financial matters. The Authority approves the financial statements and the annual report.

The appointed auditor conducts an independent audit of the financial statements and has full and open access to the records, Management and Board of Directors of the Authority. The auditor's report expresses an opinion on the fairness of the financial statements prepared by Management.

David Fan
Chief Executive Officer

Jerry Keller
Chief Financial Officer

2006-07 FINANCIAL REPORT

Deloitte

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AUDITORS' REPORT

TO THE BOARD OF DIRECTORS OF
PRAIRIE NORTH REGIONAL HEALTH AUTHORITY

TO THE MEMBERS OF THE LEGISLATIVE ASSEMBLY

We have audited the statement of financial position of Prairie North Regional Health Authority (the "Authority") as at March 31, 2007 and the statements of operations and changes in fund balances and cash flows for the year then ended. These financial statements are the responsibility of the Authority's management. Our responsibility is to express an opinion on these financial statements based on our audit.

We conducted our audit in accordance with Canadian generally accepted auditing standards. Those standards require that we plan and perform an audit to obtain reasonable assurance whether the financial statements are free of material misstatement. An audit includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements. An audit also includes assessing the accounting principles used and significant estimates made by management, as well as evaluating the overall financial statement presentation.

In our opinion, these financial statements present fairly, in all material respects, the financial position of the Authority as at March 31, 2007 and the results of its operations and its cash flows for the year then ended in accordance with Canadian generally accepted accounting principles.

Deloitte & Touche LLP

Chartered Accountants

May 11, 2007

PRAIRIE NORTH REGIONAL HEALTH AUTHORITY
STATEMENT OF FINANCIAL POSITION
as at March 31, 2007

	Operating Fund	Restricted Funds: Capital Fund	Restricted Funds: Community Trust Fund	Total 2007	Total 2006 (Note 10)
ASSETS					
Current assets					
Cash and short-term investments (Schedule 2)	$ 10,295,677	$ (316,704)	$ 1,251,919	$ 11,230,892	$ 13,514,722
Accounts receivable					
Saskatchewan Health - General Revenue Fund	658,189	1,178,538	-	1,836,727	4,947,367
Other	1,723,612	2,221,450	1,578	3,946,640	5,137,447
Inventory	1,451,816	-	-	1,451,816	1,373,333
Prepaid expenses	1,810,787	-	-	1,810,787	1,273,051
	15,940,081	3,083,284	1,253,497	20,276,862	26,245,920
Investments (Schedule 2)					
Market ($1,557,609; 2006 - $1,665,000)	1,379,477	143,930	-	1,523,407	1,619,975
Capital assets (Note 3)	-	56,311,570	-	56,311,570	47,669,808
TOTAL ASSETS	$ 17,319,558	$ 59,538,784	$ 1,253,497	$ 78,111,839	$ 75,535,703
LIABILITIES AND FUND BALANCES					
Current liabilities					
Accounts payable	$ 5,616,719	$ 1,202,619	$ 21,446	$ 6,840,784	$ 5,745,207
Accrued salaries payable	921,790	-	-	921,790	7,232,621
Accrued vacation payable	8,971,039	-	-	8,971,039	8,664,493
Current portion of mortgages payable (Note 5)	-	454,377	-	454,377	403,929
Deferred revenue (Note 6)	1,535,241	-	-	1,535,241	1,540,375
	17,044,789	1,656,996	21,446	18,723,231	23,586,625
Mortgages payable (Note 5)	-	5,713,412	-	5,713,412	6,169,886
TOTAL LIABILITIES	17,044,789	7,370,408	21,446	24,436,643	29,756,511
Fund balances:					
Invested in capital assets	-	50,143,780	-	50,143,780	41,095,992
Externally restricted (Schedule 3)	-	-	1,232,051	1,232,051	1,899,391
Internally restricted (Schedule 4)	274,769	2,024,596	-	2,299,365	2,412,994
Unrestricted	-	-	-	-	370,815
TOTAL FUND BALANCES	274,769	52,168,376	1,232,051	53,675,196	45,779,192
TOTAL LIABILITIES AND FUND BALANCES	$ 17,319,558	$ 59,538,784	$ 1,253,497	$ 78,111,839	$ 75,535,703

See accompanying notes

APPROVED BY THE BOARD

..... Director
Vicki Helm

..... Director
Joan Hill

PRAIRIE NORTH REGIONAL HEALTH AUTHORITY
STATEMENT OF OPERATIONS AND CHANGES IN FUND BALANCES
for the year ended March 31, 2007

	Operating Fund			Restricted Funds			
	Budget 2007 (Note 12)	2007	2006 (Note 10)	Capital Fund 2007	Community Trust Fund 2007	Total 2007	Total 2006
REVENUES							
Saskatchewan Health - General Revenue	$ 123,941,860	$ 124,645,513	$ 118,352,377	$ 8,532,568	$ -	$ 8,532,568	$ 2,129,665
Other Provincial Revenue	734,158	669,360	751,006	-	-	-	-
Federal Government Revenue	251,855	144,688	210,953	134,753	-	134,753	165,398
Funding from Other Provinces	18,137,039	18,583,204	16,680,120	286,319	-	286,319	637,322
Special Funded Programs	2,550,594	2,301,126	2,267,342	-	-	-	-
Patient Fees	9,775,220	9,744,260	9,479,530	-	-	-	-
Out of Province Revenue (Reciprocal)	1,508,200	1,520,811	1,469,082	-	-	-	-
Out of Country Revenue	17,800	46,511	9,216	-	-	-	-
Donations	193,800	142,595	188,152	1,400,085	16,485	1,416,570	2,760,470
Investment Income	492,700	572,753	492,515	67,979	59,497	127,476	133,993
Ancillary Revenue	271,230	161,448	127,143	-	-	-	-
Recoveries	2,178,900	2,333,397	2,276,179	-	-	-	-
Other Revenue	185,650	406,034	274,926	3,624,095	-	3,624,095	3,443
TOTAL REVENUES	160,239,006	161,271,700	152,578,541	14,045,799	75,982	14,121,781	5,830,291
EXPENSES							
Province Wide Acute Care Services	17,745,004	17,831,004	16,359,325	52,120	-	52,120	42,377
Acute Care Services	51,503,572	53,165,298	50,601,529	4,521,844	-	4,521,844	4,228,606
Physician Compensation - Acute Care Services	6,297,788	5,964,829	5,584,063		-	-	-
Supportive Care Services	40,302,610	40,388,928	37,965,800	1,112,477	743,322	1,855,799	1,665,761
Home Based Service - Supportive Care	6,678,852	6,348,786	5,888,329	74,927	-	74,927	36,747
Population Health Services	4,174,518	3,874,850	4,115,799	10,612	-	10,612	12,742
Community Care Services	8,273,398	7,908,337	7,401,455		-	-	-
Home Based Services - Acute & Palliative	1,111,693	1,037,860	1,013,569		-	-	-
Primary Health Care Services	4,517,727	4,129,975	4,727,032	730,157	-	730,157	730,113
Emergency Response Services	4,349,966	4,221,562	3,989,585	75,557	-	75,557	124,476
Mental Health Services - Inpatient	1,984,938	1,811,914	1,746,757	2,124	-	2,124	1,948
Addiction Services - Residential	669,131	589,922	658,447	7,733	-	7,733	7,733
Physician Compensation - Community	2,033,737	2,114,339	1,987,225		-	-	-
Program Support Services	7,791,826	7,891,304	6,782,736	290,457	-	290,457	36,446
Special Funded Programs	2,527,077	2,390,245	2,276,470	8,948	-	8,948	10,599
Ancillary	260,348	198,044	146,505		-	-	-
TOTAL EXPENSES (Schedule 1)	160,222,185	159,867,197	151,244,626	6,886,956	743,322	7,630,278	6,897,548
EXCESS (DEFICIENCY) OF REVENUES OVER EXPENSES	$ 16,821	1,404,503	1,333,915	7,158,843	(667,340)	6,491,503	(1,067,257)
Fund balances, beginning of year		682,995	(178,823)	43,196,804	1,899,391	45,096,195	45,691,357
Interfund transfers (Note 14)		(1,812,729)	(472,091)	1,812,729	-	1,812,729	472,091
FUND BALANCES, END OF YEAR		$ 274,769	$ 683,001	$ 52,168,376	$ 1,232,051	$ 53,400,427	$ 45,096,191

See accompanying notes

PRAIRIE NORTH REGIONAL HEALTH AUTHORITY
STATEMENT OF CASH FLOWS
for the year ended March 31, 2007

	Operating Fund		Restricted Funds			
			Capital	Community		
	2007	2006	Fund	Trust Fund	2007	2006
Cash (used in) provided by:	Operating Activities		Financing and Investing Activities			
Excess (deficiency) of revenues over expenses	$ 1,404,503	$ 1,333,915	$ 7,158,843	$ (667,340)	$ 6,491,503	$ (1,067,257)
Amortization	-	-	6,438,310	-	6,438,310	5,831,417
Net change in non-cash working capital (Note 7)	(2,398,456)	1,788,086	1,171,386	(1,545)	1,169,841	(3,066,193)
	(993,953)	3,122,001	14,768,539	(668,885)	14,099,654	1,697,967
Purchase of capital assets	-	-	(15,080,073)	-	(15,080,073)	(9,513,964)
Proceeds on sale of capital assets	-	-	-	-	-	-
Sale (purchase) of long-term investments	(41,141)	453,000	137,709	-	137,709	573,000
	(41,141)	453,000	(14,942,364)	-	(14,942,364)	(8,940,964)
Acquisition of debt	-	-	-	-	-	243,120
Repayment of debt	-	-	(406,026)	-	(406,026)	(392,874)
	-	-	(406,026)	-	(406,026)	(149,754)
Net (decrease) increase in cash and short-term investments during the year	(1,035,094)	3,575,001	(579,851)	(668,885)	(1,248,736)	(7,392,751)
Cash and short-term investments beginning of year	13,143,500	10,040,715	(1,549,582)	1,920,804	371,222	7,291,757
Interfund transfers (Note 14)	(1,812,729)	(472,091)	1,812,729	-	1,812,729	472,091
CASH AND SHORT-TERM INVESTMENTS, END OF YEAR (Schedule 2)	$ 10,295,677	$ 13,143,625	$ (316,704)	$ 1,251,919	$ 935,215	$ 371,097
Supplementary Information:						
Cash interest paid	$ -	$ -	$ 367,159	$ -	$ 367,159	$ 382,333

See accompanying notes

PRAIRIE NORTH REGIONAL HEALTH AUTHORITY
NOTES TO THE FINANCIAL STATEMENTS
As at March 31, 2007

1. LEGISLATIVE AUTHORITY

On August 1, 2002, the Legislative Assembly passed *The Regional Health Services Act* (The Act). The Act created the Regional Health Authorities for the purpose of governing the delivery of health services as well as establishing and governing Health Regions in the province of Saskatchewan. The Prairie North Regional Health Authority was created by the Act and is responsible for the planning, organization, delivery, and evaluation of health services it is to provide within the geographic area known as the Prairie North Health Region, under section 27 of The Act.

The Prairie North Regional Health Authority is a non-profit organization and is not subject to income and property taxes from the federal, provincial and municipal levels of government.

2. SIGNIFICANT ACCOUNTING POLICIES

These financial statements are prepared in accordance with Canadian Generally Accepted Accounting Principles and include the following significant accounting policies:

Health Care Organizations

i) The Authority has agreements with and grants funding to the following Community Based Organizations (CBO's) and third parties to provide health services:

Edwards Society Inc.
Libbie Young Centre Inc.
Walter A. "Slim" Thorpe Centre Inc.
Portage Vocational Society Inc.
Canadian Mental Health Association (Saskatchewan Division) Inc.

Note 9 b) i) provides disclosure of payments to CBO's and third parties.

ii) The following affiliate is incorporated under the Non-Profit Corporations Act and is a registered charity under the Income Tax Act:

Societe Joseph Breton Inc.

The Authority has entered into an affiliation agreement with and provides annual grant funding to this organization for the delivery of health care services. Consequently, the Authority has disclosed certain financial information regarding this affiliate.

This affiliate is not consolidated into the Authority financial statements. Alternatively, Note 9 b) ii) describes the financial position and results of operations of the affiliate.

iii) The Lloydminister Region Health Care Foundation Inc., Battlefords Union Hospital Foundation Inc., Meadow Lake Hospital Foundation Inc. and Twin Rivers Health Care Foundation Inc. are incorporated under The Non-Profit Corporations Act and are registered charities under The Income Tax Act.

These financial statements do not include the financial activities of the Foundations. Alternatively, Note 9 b) iii) provides supplementary financial information of the Foundations.

2. SIGNIFICANT ACCOUNTING POLICIES (Continued)

Fund Accounting

The accounts of the Authority are maintained in accordance with the restricted fund method of accounting for contributions. For financial reporting purposes, accounts with similar characteristics have been combined into the following major funds:

i) Operating fund

The operating fund reflects the primary operations of the Authority including revenues received for provision of health services from Saskatchewan Health - General Revenue Fund, Alberta Health – General Revenue Fund and billings to patients, clients, the federal government and other agencies for patient and client services. Other revenue consists of donations, recoveries, and ancillary revenue. Expenses are for the delivery of health services.

ii) Capital fund

The capital fund is a restricted fund that reflects the equity of the Authority in capital assets after taking into consideration any associated long-term debt. The capital fund includes revenues received from Saskatchewan Health – General Revenue Fund designated for construction of capital assets and/or the acquisition of capital assets. The capital fund also includes donations designated for capital purposes by the contributor. Expenses consist primarily of amortization of capital assets.

iii) Community Trust fund

The community trust fund is a restricted fund that reflects community generated assets transferred to the Authority in accordance with the pre-amalgamation agreements signed with the amalgamating health corporations. The assets include cash and investments initially accumulated by the health corporations in the Authority from donations or municipal tax levies. These assets are accounted for separately and use of the assets is subject to restrictions set out in pre-amalgamation agreements between the Authority and the health corporations.

Revenue

Unrestricted contributions are recognized as revenue in the Operating Fund in the year received or receivable if the amount to be received can be reasonably estimated and collection is reasonably assured.

Restricted contributions related to general operations are recorded as deferred revenue and recognized as revenue of the Operating Fund in the year in which the related expenses are incurred. All other restricted contributions are recognized as revenue of the appropriate restricted fund.

Capital Assets

Capital assets are recorded at cost. Normal maintenance and repairs are expensed as incurred. Capital assets, with a life exceeding one year, are amortized on a straight-line basis over their estimated useful lives as follows:

Land improvements	2 ½% to 20%
Leasehold improvements	20%
Buildings	2 ½% to 20%
Equipment	5% to 100%

Donated capital assets are recorded at their fair value at the date of contribution (if fair value can be reasonably determined).

Transfers of capital assets from a related party are recorded at the asset carrying amounts.



2. SIGNIFICANT ACCOUNTING POLICIES (Continued)

Inventory

Inventory consists of general stores, pharmacy, laboratory, linen and other. All inventories are valued at cost as determined on an average cost basis.

Investments

Investments are valued at the lower of cost or market.

Pension

Employees of the Authority participate in several multi-employer defined benefit pension plans or a defined contribution plan. The Authority follows defined contribution plan accounting for its participation in the plans. Accordingly, the Authority expenses all contributions it is required to make in the year.

Measurement Uncertainty

The financial statements have been prepared by management in accordance with Canadian Generally Accepted Accounting Principles. In the preparation of financial statements, management makes various estimates and assumptions in determining the reported amounts of assets and liabilities, revenues and expenses and in the disclosure of commitments and contingencies. Changes in estimates and assumptions will occur based on the passage of time and the occurrence of certain future events. The changes will be reported in the period in which they become known.

3. CAPITAL ASSETS

	2007			2006
	Cost	Accumulated Amortization	**Net Book Value**	Net Book Value
Land	$ 1,595,364	$ -	**$ 1,595,364**	$ 1,595,364
Land improvements	1,635,740	1,450,728	**185,012**	212,985
Leasehold improvements	48,651	34,524	**14,127**	23,076
Buildings	80,939,326	47,754,447	**33,184,879**	32,786,060
Equipment	45,411,059	35,991,641	**9,419,418**	8,568,352
Construction in progress	11,912,770	-	**11,912,770**	4,483,971
	$ 141,542,910	$ 85,231,340	**$ 56,311,570**	$ 47,669,808

4. COMMITMENTS

Capital Assets Acquisitions

At March 31, 2007, commitments for acquisition of capital assets were $74,379 (2006 - $715,883). Also, at March 31, 2007 commitments for capital construction in progress were $2,752,081 (2006 - $Nil).

4. COMMITMENTS (Continued)

Operating Leases

The Authority leases premises from Saskatchewan Property Management (SPM) and City of North Battleford. The current monthly charge for accommodation is $14,068 plus GST.

The Authority's intention is to terminate the SPM lease in August of 2007. Alternate property will be leased during 2007.

Minimum annual payments under operating leases on property and equipment over the next five years are as follows:

2008	$	303,899
2009		317,619
2010		321,840
2011		368,640
2012		396,260

5. MORTGAGES PAYABLE

Title of Issue	Interest Rate	Annual Repayment Terms	2007	2006
Cut Knife & District Special Care Home CMHC, due March 1, 2022	4.420%	$98,741 principal and interest, of which $33,768 is subsidized by Saskatchewan Housing Corporation. Yielding an effective interest rate of 1.87%. Mortgage renewal date - March 1, 2017	$ **1,040,769**	$ 1,086,242
L. Gervais Memorial Health Centre CMHC, due February 1, 2022	4.390%	$43,101 principal and interest, of which $7,117 is subsidized by Saskatchewan Housing Corporation. Yielding an effective interest rate of 2.96%. Mortgage renewal date - June 1, 2015	**472,344**	494,369
Lakeland Lodge, St. Walburg CMHC, due March 1, 2026	8.000%	$32,973 principal and interest. Mortgage renewal date - March 1, 2026	**324,584**	331,705
Lloydminster & District Senior Citizens Lodge CMHC due December 1, 2020	5.140%	$179,634 principal and interest, of which $58,105 is subsidized by Saskatchewan Housing Corporation. Yielding an effective interest rate of 1.95%. Mortgage renewal date - December 1, 2013	**1,773,950**	1,860,924

5. MORTGAGES PAYABLE (Continued)

Title of Issue	Interest Rate	Annual Repayment Terms	2007	2006
Northland Pioneer Lodge, Meadow Lake CMHC, due January 1, 2017	5.375%	$8,521 principal and interest. Mortgage renewal date - January 1, 2017	**65,151**	70,067
Northland Pioneer Lodge, Meadow Lake CMHC due April 1, 2022	4.420%	$95,386 principal and interest, of which $35,764 is subsidized by Saskatchewan Housing Corporation. Yielding an effective interest rate of 2.13%. Mortgage renewal date - March 1, 2017	**962,311**	1,001,403
The Battlefords River Heights Lodge Corp. CMHC, due January 1, 2017	5.375%	$12,470 principal and interest. Mortgage renewal date - January 1, 2017	**95,337**	102,531
The Battlefords River Heights Lodge Corp. CMHC, due November 1, 2027	8.000%	$76,047 principal and interest. Mortgage renewal date - November 1, 2027	**775,292**	789,703
Turtle River Nursing Home, Turtleford CMHC, due December 1, 2026	8.000%	$15,736 principal and interest. Mortgage renewal date - December 1, 2026	**157,486**	160,690
Prairie North Regional Health Authority, Home Care Building Lloydminster Credit Union, due August 1, 2008	6.000%	$79,320 principal and interest. Mortgage renewal date - August 1, 2008	**331,278**	389,210
Prairie North Regional Health Authority, Home Care Building Lloydminster Credit Union, Due December 1, 2009	5.800%	$131,255 principal and interest. Mortgage renewal date - December 1, 2009	**169,287**	286,971
			6,167,789	6,573,815
Less current portion			**454,377**	403,929
			5,713,412	$ 6,169,886

For each of the mortgages, the Authority has pledged the related buildings of the special care homes as security. Principal repayments required in each of the next five years are estimated as follows:

2008	$ 454,377
2009	389,734
2010	363,157
2011	381,549
2012	387,842
2013 and subsequent	4,191,130
	$ 6,167,789

6. DEFERRED REVENUE

	Balance Beginning of Year	Less Amount Recognized	Add Amount Received	Balance End of Year
Sask Health Initiatives				
Early Skills Development	$ 32,566	$ 12,775	$ -	$ 19,791
Community Supports -Proj Hope	-	-	59,500	59,500
Federal Accord -MH Home Care	39,000	738	77,000	115,262
Infection Control	-	-	150,000	150,000
MDS Home Care	100,000	69,250	-	30,750
Outreach Needle Exchange	-	-	2,000	2,000
Primary Care - Diabetes	164,710	43,923	47,499	168,286
Primary Care Team Development	100,000	-	-	100,000
Primary Care Team Facilitator	55,435	10,204	-	45,231
Project Hope	3,704	3,704	-	-
Professional Development Initiative	75,350	75,350	-	-
Quality Workplace Initiative	159,939	159,939	-	-
Safety engineered needles	86,923	86,923	-	-
School Retrieval Program	15,502	-	-	15,502
SIMS	-	-	10,000	10,000
Tinyeye	-	-	50,000	50,000
Tobacco Enforcement Act	10,238	-	-	10,238
Workplace Wellness	226,244	2,689	-	223,555
Youth Criminal Justice Act	40,264	69,773	41,662	12,153
	1,109,875	535,268	437,661	1,012,268
Non Sask Health Initiatives				
Acquired Brain Injury Funding	49,382	52,811	74,512	71,083
Integrated Wrap-Around	-	-	25,000	25,000
Kids First Program NW	260,738	785,370	822,448	297,816
Kids First Program NB	90,874	1,270,019	1,281,706	102,561
Safe Driving Program	26,513	-	-	26,513
Miscellaneous	2,993	3,043	50	-
	430,500	2,111,243	2,203,716	522,973
	$ 1,540,375	$ 2,646,511	$ 2,641,377	$ 1,535,241

7. NET CHANGE IN NON-CASH WORKING CAPITAL

	Operating Fund		Restricted Funds			
	2007	2006	**Capital Fund**	**Community Trust Fund**	**Total 2007**	Total 2006
(Increase) decrease in accounts receivable	**$ 4,172,878**	$ (4,786,737)	**$ 130,147**	**$ (1,578)**	**$ 128,569**	$ (3,192,512)
(Increase) decrease in inventory	**(78,483)**	197,065	-	-	-	-
(Increase) decrease in prepaids	**(537,736)**	16,303	-	-	-	-
Increase (decrease) in accounts payable	**54,303**	1,992,632	**1,041,239**	**33**	**1,041,272**	126,319
Increase (decrease) in accrued salaries payable	**(6,310,830)**	3,650,458	-	-	-	-
Increase in accrued vacation payable	**306,546**	1,028,342	-	-	-	-
Increase (decrease) in deferred revenue	**(5,134)**	(309,977)	-	-	-	-
	$ (2,398,456)	$ 1,788,086	**$ 1,171,386**	**$ (1,545)**	**$ 1,169,841**	$ (3,066,193)

8. PATIENT AND RESIDENT TRUST ACCOUNTS

The Authority administers funds held in trust for patients and residents using the Authority's facilities. The funds are held in separate accounts for the residents at each facility. The total cash held in trust as at March 31, 2007 was $596,027 (2006 - $575,196). These amounts are not reflected in the financial statements.

9. RELATED PARTIES

These financial statements include transactions with related parties. The Authority is related to all Saskatchewan Crown Agencies such as departments, corporations, boards and commissions under the common control of the Government of Saskatchewan. The Authority is also related to non-Crown enterprises that the Government jointly controls or significantly influences. In addition, the Authority is related to other non-Government organizations by virtue of its economic interest in these organizations.

a) Related Party Transactions

Transactions with these related parties are in the normal course of operations. Amounts due to or from and the recorded amounts resulting from these transactions are included in the financial statements. They are recorded at the standard rates charged by those organizations and are settled on normal trade terms.

9. RELATED PARTIES (Continued)

a) Related Party Transactions (continued)

	2007	2006
Revenues		
Saskatchewan Housing Corp	$ **134,753**	$ 138,655
Saskatchewan Learning	**2,055,390**	2,019,548
Saskatchewan Worker's Compensation Board	**625,486**	573,420
SGI Canada Insurance Services Ltd.	**245,736**	239,393
	$ **3,061,365**	$ 2,971,016
Expenditures		
Battleford Family Health Care	$ **759,643**	$ 868,043
Department of Finance	**172,381**	139,238
North Sask. Laundry & Support Services Ltd.	**1,750,450**	1,862,297
Public Employees Superannuation	**532,474**	380,748
Public Service Superannuation	**209,997**	197,274
Saskatchewan Association of Health Organizations	**3,134,286**	3,973,846
Saskatchewan Energy	**538,159**	676,712
Saskatchewan Health Care Employees Pension Plan	**4,644,473**	3,836,674
Saskatchewan Power Corporation	**827,735**	1,271,195
Saskatchewan Property Management	**1,112,102**	1,137,034
Saskatchewan Telecommunications	**892,480**	837,539
Saskatchewan Worker's Compensation Board	**1,882,503**	1,669,908
	$ **16,456,683**	$ 16,850,508
Accounts Receivable		
Saskatchewan Worker's Compensation Board	$ **27,074**	$ 28,914
Societe Joseph Breton Inc.	**308,340**	269,340
	$ **335,414**	$ 298,254
Prepaid Expenditures		
Saskatchewan Worker's Compensation Board	$ **520,268**	$ 404,523
North Sask. Laundry & Support Services Ltd.	**112,310**	112,310
Saskatchewan Association of Health Organizations	**187,233**	179,414
	$ **819,811**	$ 696,247
Accounts Payable		
Saskatchewan Association of Health Organizations	$ **364,955**	$ 233,584

In addition, the Authority pays Provincial Sales Tax to the Saskatchewan Department of Finance on all its taxable purchases. Taxes paid are recorded as part of the cost of these purchases.

9. RELATED PARTIES (continued)

b) Health Care Organizations

i) Community Based Organizations (CBOs) and Third Parties

The Authority has also entered into conditional grant agreements with CBOs and third parties to provide health services.

These organizations receive operating funding from the Authority on a monthly basis in accordance with budget amounts approved annually. During the year, the Authority provided the following amounts to CBOs and third parties.

	2007	2006
Edwards Society Inc.	**$ 281,341**	$ 272,182
Libbie Young Centre Inc.	**275,105**	292,927
Walter A. "Slim" Thorpe Centre Inc.	**403,345**	430,675
Portage Vocational Society Inc.	**58,208**	56,311
Canadian Mental Health Association (Saskatchewan Division) Inc.	**136,031**	120,447
	$ 1,154,030	$ 1,172,542

ii) Affiliates

The Act makes the Authority responsible for the delivery of health services in its region including the health services provided by privately owned affiliates. The Act requires affiliates to conduct their affairs and activities in a manner that is consistent with, and that reflects, the health goals and objectives established by the Authority. The Authority exercises significant influence over affiliates by virtue of its material inter-entity transactions. There is also an interchange of managerial personnel, provision of human resource and finance/administrative functions with some affiliates. The following presentation discloses the amount of funds granted to each affiliate:

	2007	2006
Societe Joseph Breton Inc.	**$ 1,629,962**	$ 1,526,315

9. RELATED PARTIES (continued)

b) Health Care Organizations (continued)

ii) Affiliates (continued)

Saskatchewan Health requires additional reporting in the following financial summaries of the affiliate as at March 31, 2007 and 2006 and for the years then ended:

	2007	2006
Balance Sheet		
Assets	$ 664,273	$ 772,050
Net Capital Assets	973,264	954,640
Total Assets	$ 1,637,537	$ 1,726,690
Total Liabilities	$ 909,277	$ 1,030,081
Total Net Assets (Fund Balances)	728,260	696,609
	$ 1,637,537	$ 1,726,690
Results of Operations		
Authority Grant	$ 1,629,962	$ 1,526,315
Other Revenue	544,637	525,341
Total Revenue	2,174,599	2,051,656
Salaries and Benefits	1,843,608	1,689,431
Other Expenses *	235,826	236,368
Total Expenses	2,079,434	1,925,799
Excess of Revenues over Expenses	$ 95,165	$ 125,857

* Other Expenses includes amortization of $52,037 (2006 - $57,170).

Cash Flows		
Cash from Operations	$ 54,146	$ 437,758
Cash used in Financing Activities	(70,661)	(56,790)
Cash used in Investing Activities *	(7,143)	(6,604)
Increase (decrease) in cash	$ (23,658)	$ 374,364

* Investing Activities includes capital purchases of $70,661 (2006 - $56,790).

iii) Fund Raising Foundations

Fundraising efforts are undertaken through non-profit business corporations known as Lloydminster Region Health Foundation Inc., Battlefords Union Hospital Foundation Inc., Meadow Lake Hospital Foundation Inc., and Twin Rivers Health Care Foundation Inc.



9. RELATED PARTIES (Continued)

b) Health Care Organizations (continued)

iii) Fund Raising Foundations (continued)

Lloydminster Region Health Foundation Inc.

The Authority has an economic interest in the Lloydminster Region Health Foundation Inc. (the "Lloydminster Foundation").

The Lloydminster Foundation's total expenses include contributions of $233,485 (2006 - $2,141,395) of which $139,587 (2006 - $1,921,255) is payable at March 31, 2007.

From time to time, the Lloydminster Foundation solicits funds which are used to purchase capital equipment for healthcare facilities within the Region.

The Authority provides office space and accommodations to the Lloydminster Foundation at no charge.

Battlefords Union Hospital Foundation Inc.

The Authority has an economic interest in the Battlefords Union Hospital Foundation (the "Battlefords Foundation").

The Battlefords Foundation's total expenses include contributions of $802,206 (2006 - $654,607) of which $646,827 (2006 - $471,817) is payable at March 31, 2007.

From time to time, the Battlefords Foundation solicits funds which are used to purchase capital equipment for healthcare facilities within the Region.

The Authority provides office space and accommodations to the Battlefords Foundation at no charge.

Meadow Lake Hospital Foundation Inc.

The Authority has an economic interest in the Meadow Lake Hospital Foundation Inc. (the "Meadow Lake Foundation").

The Meadow Lake Foundation's total expenses include contributions of $51,728 (2006- $6,712) as at March 31, 2007, the Foundation held funds of $10,638 (2006 - $6,063) which will flow to the Authority for capital and departmental purchases.

Twin Rivers Health Care Foundation Inc.

The Authority has an economic interest in the Twin Rivers Health Care Foundation Inc. (the "Twin Rivers Foundation").

The Twin Rivers Foundation's total expenses include contributions of $2,269,550 (2006 - $27,877) of which $9,668 (2006 - $877) is payable at March 31, 2007. As at March 31, 2007, the Twin Rivers Foundation held funds of $nil (2006 - $nil) which will flow to the Authority for capital and departmental purchases.

From time to time, the Twin Rivers Foundation solicits funds which are used to purchase capital equipment for healthcare facilities within the Region.

10. COMPARATIVE INFORMATION

Certain prior year's 2006 balances have been reclassified to conform to the current year's presentation.

11. PENSION

Employees of the Authority participate in one of the following pension plans:

1. Saskatchewan Healthcare Employees' Pension Plan (SHEPP) - This is jointly governed by a board of eight trustees.Four of the trustees are appointed by the Saskatchewan Association of Health Organizations (SAHO) (a related party) and four of the trustees are appointed by Saskatchewan's health care unions (CUPE, SUN, SEIU, SGEU, RWDSU, and HSAS). SHEPP is a multi-employer defined benefit plan, which came into effect December 31, 2002. (Prior to December 31, 2002, this plan was formerly the SAHO Retirement Plan and governed by the SAHO Board of Directors).

2. Public Service Superannuation Plan (a related party) - This is also a defined benefit plan and is the responsibility of the Province of Saskatchewan.

3. Public Employees' Pension Plan (a related party) - This is a defined contribution plan and is the responsibility of the Province of Saskatchewan.

   The Authority's financial obligation to these plans is limited to making the required payments to these plans according to the applicable agreements.

4. Alberta Local Authorities Pension Plan (LAPP) – This is a defined benefit plan that is the responsibility of the Province of Alberta. The Authority's financial obligation to the plans is limited to making required payments to match amounts contributed by employees for current services.

   Under the *Public Sector Pension Plans Act of Alberta*, passed in May 1993, the Alberta Government employers and employees accepted responsibility to pay the unfunded obligation. As at December 31, 2006, which is the latest available financial information, LAPP's deficiency was $746,651,000. The Region's share of the unfunded past service obligation is based on a percentage of pensionable payroll. The obligation will be partially reduced through increased contribution rates. If LAPP continues to experience low investment returns, a further rate adjustment will be necessary to increase the asset base.

Pension expense for the year amounted to $5,851,086 (2006 - $4,990,736) and is included in benefits in Schedule 1.

Effective March 31, 2007, SHEPP contribution rates are 6.552% (2006 – 6.552%) of pensionable earnings up to the yearly maximum pensionable earnings (CPP) plus 8.232% (2006 – 8.232%) of pensionable earnings above the yearly maximum pensionable earnings (CPP). The Authority's employer contribution rates for LAPP are 7.75% (2005 – 7.4%) of pensionable earnings up to the yearly maximum pensionable earnings (CPP) plus 10.64% (2005 – 10.14%) of pensionable earnings above the yearly maximum pensionable earnings (CPP).

12. BUDGET

The Authority approved the 2006-2007 budget plan on May 31, 2006.



13. FINANCIAL INSTRUMENTS

Significant Terms and Conditions

There are no significant terms and conditions related to financial instruments classified as current assets or current liabilities that may affect the amount, timing and certainty of future cash flows. Significant terms and conditions for the other financial instruments are disclosed separately in these financial statements.

Credit Risk

The Authority is exposed to credit risk from the potential non-payment of accounts receivable. The majority of the Authority's receivables are from Saskatchewan Health - General Revenue Fund, Saskatchewan Workers' Compensation Board, health insurance companies or other Provinces. Therefore, the credit risk is minimal.

Fair Values

The following methods and assumptions were used to estimate the fair value of each class of financial instruments:

i) The carrying amounts of these financial instruments approximate fair value due to their immediate or short-term nature:
   - cash and short-term investments
   - accounts receivable
   - accounts payable
   - accrued salaries and vacation payable

ii) For investments, the fair value is considered to approximate quoted market values.

iii) The fair value of mortgages payable, before the repayment required within one year, is $5,846,124 (2006 - $6,218,341) and is determined using discounted cash flow analysis based on current incremental borrowing rates for similar borrowing arrangements.

Unrecognized Financial Instruments

To meet the needs of the North Sask. Laundry & Support Services Ltd., the Board participates in an off balance sheet financial instrument which these financial statements do not fully reflect. The Board subjected this financial instrument to its normal credit standards, financial controls, and risk management and monitoring procedures.

The Board has guaranteed the debts of the North Sask. Laundry & Support Services Ltd. to a maximum amount of $67,275.

14. INTERFUND TRANSFERS

Each year the Authority transfers amounts between its funds for various purposes. These include funding capital asset purchases, and reassigning fund balances to support certain activities.

	2007			2006		
	Operating Fund	Capital Fund	Community Trust Fund	Operating Fund	Capital Fund	Community Trust Fund
Capital asset purchases	$ (1,828,516)	$ 1,828,516	$ -	$ (513,000)	$ 513,000	$ -
CMHC reserves	15,787	(15,787)	-	40,909	(40,909)	-
Mortgage payments	-	-	-	-	-	-
Other	-	-	-	-	-	-
	$ (1,812,729)	$ 1,812,729	$ -	$ (472,091)	$ 472,091	$ -

15. HEALTH SERVICES PROVIDED TO ALBERTA RESIDENTS ON BEHALF OF EAST CENTRAL HEALTH

General

The Authority is responsible for providing health services to Saskatchewan residents. East Central Health ("ECH"), formerly East Central Regional Health Authority 7, was created by Alberta Health in 1995. The Authority provides health services to Alberta residents under the Bi-Provincial Lloydminister Health Services Agreement with ECH. This agreement sets out the general principles and processes with respect to:

i) The health services to be provided and the service areas and/or populations to be served by the Authority on behalf of ECH;
ii) The operating, equipment and capital funding and any other related payments to be provided by ECH to the Authority;
iii) The management and operation of the Dr. Cooke Extended Care Centre by the Authority;
iv) The management and direction of Dr. Cooke Extended Care Centre employees by the Authority; and
v) The reporting and accountability requirements in respect of the services provided by the Authority on behalf of the ECH.

Specific details on some of these matters have to be concluded as addenda to this agreement.

Dr. Cooke Extended Care Centre

The assets of the legal entity known as Dr. Cooke Extended Care Centre were transferred to ECH under the authority of Order In Council #106/95 dated March 31, 1995.

The Authority manages and operates this facility on behalf of the ECH.

These financial statements include operating assets, liabilities, revenue and expenses of the Dr. Cooke facility as follows:

15. HEALTH SERVICES PROVIDED TO ALBERTA RESIDENTS ON BEHALF OF EAST CENTRAL HEALTH (Continued)

Dr. Cooke Extended Care Centre (continued)

	2007	2006
Balance Sheet		
Cash and Short-Term Investments	$ **350**	$ 350
Accounts Receivable	**61,456**	55,045
Inventory	**8,015**	9,078
Prepaid Expenses	**732**	732
Total Assets	$ **70,553**	$ 65,205
Accounts Payable	$ **90,055**	$ 66,648
Accrued Salaries	**100,992**	84,247
Accrued Vacation Pay	**410,358**	388,846
Fund Deficit	**(530,852)**	(474,536)
Total Liabilities and Fund Balance	$ **70,553**	$ 65,205
Results of Operations		
ECH Grant	$ **5,280,453**	$ 4,949,475
Other Revenue	**1,725,265**	1,677,922
Total Revenue	**7,005,718**	6,627,397
Salaries & Benefits	**6,415,702**	5,731,076
Other Expenses	**959,853**	1,365,050
Total Expenses *	**7,375,555**	7,096,126
Excess of Expenses over Revenue	$ **(369,837)**	$ (468,729)

* Expenses include the Authority's allocated costs of $628,993 (2006 - $616,066).

The Authority has the use of the capital assets of the Dr. Cooke facility for no charge. Neither the capital assets nor the related amortization expense are reflected in these financial statements because the assets continue to be the property of ECH.

16. CONTINGENCIES

Lawsuits

The Authority is currently involved as defendants in two legal claims. The Authority's insurance coverage would be adequate to cover the claims with the exception of one claim for aggravated and punitive or exemplary damages in the amount of $8,200,000. The Authority does not consider that they, or their servants or agents acting on their behalf, were negligent in the care and treatment of the patients. The outcome of these legal claims cannot be determined at this time and accordingly, no liability has been recorded in these financial statements.

17. VOLUNTEER SERVICES

The operations of the Authority utilize services of many volunteers. Because of the difficulty in determining the fair market value of these donated services, the value of these donated services is not recognized in the financial statements.

18. CONTINGENT LIABILITY

Joint Job Evaluation Reconsiderations

The joint job evaluation/pay equity initiative for the service provider unions CUPE, SEIU, and SGEU allowed for an appeal process. As a result, employees and employers have filed reconsideration appeals that are currently under review. A financial obligation to pay reconsideration costs occurs once the Steering Committee reviews the recommendations from the Reconsideration Committee and reaches a consensus decision. At this time there are outstanding reconsiderations on which the Steering Committee has yet to reach a final decision. The results of outstanding reconsiderations are currently unknown therefore, the cost of these reconsiderations cannot be reasonably determined and are not reflected in these financial statements.

Schedule 1

PRAIRIE NORTH REGIONAL HEALTH AUTHORITY
SCHEDULE OF EXPENSES BY OBJECT
for the year ended March 31, 2007

	Budget 2007	Actual 2007	Actual 2006
Operating:			
Board costs	$ 125,338	**$ 136,144**	$ 111,565
Compensation - Benefits	17,777,888	**17,981,305**	16,326,321
Compensation - Salaries	98,471,597	**97,600,811**	92,430,270
Diagnostic imaging supplies	494,390	**394,375**	327,031
Drugs	2,840,700	**2,967,971**	2,758,167
Food	2,934,250	**2,927,933**	2,837,618
Grants to ambulance services	2,094,824	**2,039,113**	1,906,871
Grants to third parties	3,018,613	**2,894,002**	2,778,146
Housekeeping and laundry supplies	1,037,320	**995,028**	977,515
Information technology contracts	408,650	**429,000**	397,472
Insurance	350,000	**311,777**	333,733
Interest	12,200	**12,136**	11,463
Laboratory supplies	1,403,500	**1,391,130**	1,322,755
Medical and surgical supplies	3,248,350	**3,619,661**	3,346,202
Medical remuneration and benefits	8,401,500	**8,169,760**	7,406,787
Office supplies and other office costs	1,532,860	**1,493,089**	1,478,962
Other	2,413,463	**2,221,335**	2,567,642
Other referred out services	3,906,100	**4,018,549**	3,752,819
Professional fees	926,074	**889,320**	773,283
Prosthetics	39,200	**169,192**	195,783
Purchased services	586,010	**844,518**	645,367
Rent/lease costs	873,798	**1,007,502**	1,517,615
Repairs and maintenance	986,250	**1,213,017**	1,394,685
Service contracts	820,200	**843,330**	724,791
Travel	2,235,840	**2,005,241**	1,788,803
Utilities	3,283,270	**3,291,958**	3,132,960
	$ 160,222,185	**159,867,197**	151,244,626
Restricted:			
Amortization		**6,438,310**	5,831,417
Other		**1,191,968**	1,066,131
		7,630,278	6,897,548
		$ 167,497,475	$ 158,142,174

Schedule 2

PRAIRIE NORTH REGIONAL HEALTH AUTHORITY
SCHEDULE OF CASH AND INVESTMENTS
for the year ended March 31, 2007

	Amount	Maturity	Effective Rate
Restricted Investments -Capital Fund			
Cash and Short Term			
Chequing and Savings:			
Meadow Lake CIBC	$ 749,273		
Lloydminster Credit Union	(1,424,639)		
Credential Securities	21,888		
Equity	5		
Altamire	201,600	n/a	variable
Province of Manitoba	135,169	16-May-07	6.63%
	(316,704)		
Long Term			
Province of Ontario	143,930	01-Dec-08	5.70%
	143,930		
Total Restricted Investments -Capital Fund	(172,774)		
Restricted Investments -Community Fund			
Cash and Short Term			
Chequing and Savings:			
Meadow Lake	380,976		
Cut Knife	38,981		
Edam Credit Union	155,259		
Goodsoil Credit Union	58,587		
Innovation Credit Union	173,392		
Lloydminster Credit Union	139,034		
RM of Frenchman Butte	2,277		
Turtleford Credit Union	40,328		
Maidstone CIBC	22,828		
Member Equity	4,872		
Coast Capital	40,000	05-Apr-07	4.00%
Lloydminster Credit Union	129,500	06-Apr-07	2.65%
Lloydminster Credit Union	13,012		variable
Lloydminster Credit Union	10,314		variable
Lloydminster Credit Union	37,059	31-Dec-07	3.80%
Canada Savings Bonds	5,500		
Total Restricted Investments -Community Fund	1,251,919		
Subtotal	1,079,145		

Schedule 2 (continued)

PRAIRIE NORTH REGIONAL HEALTH AUTHORITY
SCHEDULE OF CASH AND INVESTMENTS
for the year ended March 31, 2007

	Amount	Maturity	Effective Rate
Balance Forward	$ 1,079,145		
Unrestricted Investments -Operating Fund			
Cash and Short Term			
Innovation Credit Union	937,267		
Lloydminster Credit Union	6,798,298		
Lloydminster CIBC	30,788		
Meadow Lake Credit Union	1,373,104		
Equities	300		
Petty Cash	13,684		
Coast Cap GIC	16,193	31-Mar-07	4.00%
ALTA Capital	62,000	15-Jun-07	4.20%
Concentra GIC	57,649	01-Aug-07	4.45%
Province of Ontario	187,812	12-Sep-07	6.13%
Province of Ontario	29,000	22-Sep-07	3.25%
Concentra GIC	215,552	06-Nov-07	4.16%
Concentra GIC	140,844	05-Dec-07	4.06%
Concentra GIC	105,580	05-Dec-07	4.06%
Concentra GIC	227,606	12-Dec-07	4.06%
FCC	100,000	08-Jun-06	3.25%
	10,295,677		
Long Term			
Credit Union Member shares	5		
Member equity	89,084		
Commonwealth Credit Union	196,001	n/a	variable
Province of Saskatchewan	144,426	02-Jun-08	5.50%
Concentra GIC	140,000	05-Dec-08	4.10%
Concentra GIC	121,446	04-Dec-08	4.10%
Province of Nova Scotia	62,575	01-Jun-09	5.40%
Bell Canada	120,981	15-Jun-09	6.15%
Hydro Quebec Global	121,401	15-Jul-09	6.00%
Province of BC	119,281	01-Dec-09	6.25%
Government of Canada	146,364	01-Jun-10	5.50%
CDA	63,723	01-Jun-10	5.50%
Province of Ontario	54,190	19-Nov-10	6.10%
	1,379,477		
Total Unrestricted Investments -Operating Fund	11,675,154		
Total Investments	$ 12,754,299		
Restricted and Unrestricted Totals			
Total Cash & Short Term	11,230,892		
Total Long Term	1,523,407		
Total Investments	$ 12,754,299		

Schedule 3

PRAIRIE NORTH REGIONAL HEALTH AUTHORITY
SCHEDULE OF EXTERNALLY RESTRICTED FUND BALANCES
for the year ended March 31, 2007

	COMMUNITY TRUST FUND EQUITY					
Trust Name	Balance Beginning of Year	Investment & Other Revenue	Donation	Expenses	Withdrawals	**Balance End of Year**
Pine Island Lodge	$ 327,802	$ 11,829	$ -	$ -	$ (330,338)	**$ 9,293**
L. Gervais Memorial Health Centre	113,720	2,721	-	(15,288)	-	**101,153**
Northland Pioneer Lodge	365,265	14,716	-	-	-	**379,981**
Lady Minto Health Centre	129,985	2,814	2,445	(34)	-	**135,210**
Saskatchewan Hospital	155,580	6,282	14,040	(73)	-	**175,829**
River Heights Lodge	1,315	1,838	-	-	-	**3,153**
R.M. of Cut Knife	130,487	2,664	-	-	-	**133,151**
R.M. of Eldon	414,091	8,777	-	-	(422,868)	**-**
R.M. of Frenchman Butte	2,262	15	-	-	-	**2,277**
R.M. of Hillsdale	92,706	3,546	-	-	-	**96,252**
R.M. of Mervin	35	-	-	40,299	-	**40,334**
R.M. of Wilton	39,721	1,299	-	-	(1,950)	**39,070**
Town of Cut Knife	38,631	350	-	-	-	**38,981**
Town of Lashburn	35,961	950	-	-	(13,070)	**23,841**
Town of St. Walburg	24,180	1,024	-	-	-	**25,204**
Village of Marshall	5,461	35	-	-	-	**5,496**
Village of Rockhaven	13,676	517	-	-	-	**14,193**
Village of Waseca	8,513	120	-	-	-	**8,633**
	$ 1,899,391	$ 59,497	$ 16,485	$ 24,904	$ (768,226)	**$ 1,232,051**

Schedule 4

PRAIRIE NORTH REGIONAL HEALTH AUTHORITY
SCHEDULE OF INTERNALLY RESTRICTED FUND BALANCES
for the year ended March 31, 2007

	Balance Beginning of Year	Investment Income Allcoated	Annual Allocation	Other Income	Operating Expenses	Capital Expenses	**Balance End of Year**
Capital							
SHC Replacement Reserves							
Northland Pioneer Lodge	$ 195,043	$ 7,849	$ 19,523	$ -	$ (3,610)	$ (61,448)	**$ 157,357**
River Heights Lodge	140,513	5,650	15,735	-	(6,482)	(38,741)	**116,675**
Cut Knife & District Special Care Home Inc.	93,400	3,755	-	-	-	-	**97,155**
Turtle River Nursing Home	71,702	2,883	-	-	-	-	**74,585**
Lloydminster and District Senior Citizens Lodge	133,361	5,362	-	-	-	-	**138,723**
L Gervais Memorial Health Centre	2,043	82	4,500	-	(5,665)	(879)	**81**
Lakeland Lodge	65,000	2,613	899	-	-	(3,512)	**65,000**
Total SHC	701,062	28,194	40,657	-	(15,757)	(104,580)	**649,576**
Other Internally Restricted Funds							
Capital Fund - RHA Restricted	926,899	(28,194)	(40,657)	15,013,519	-	(15,088,394)	**783,173**
Donation Funds	35,487	-	-	-	-	118,995	**154,482**
ER Renovation Reserve	309,000	-	-	-	-	-	**309,000**
Reserve for Ambulance	128,365	-	-	-	-	-	**128,365**
Total Capital	2,100,813	-	-	15,013,519	(15,757)	(15,073,979)	**2,024,596**
Operating							
Other Internally Restricted Funds							
Emergency Response	65,200	-	-	-	-	-	**65,200**
Donation Funds	246,981	-	-	-	(37,412)	-	**209,569**
Total Operating	312,181	-	-	-	(37,412)	-	**274,769**
Total Internally Restricted Funds	$ 2,412,994	$ -	$ -	$ 15,013,519	$ (53,169)	$ (15,073,979)	**$ 2,299,365**

The Authority is required to maintain certain replacement reserves as a condition of receiving subsidy assistance from Saskatchewan Housing Corporation

The other internally restricted capital fund balance represents cash available to the Authority and restricted by the Authority which has been earned within that fund or transferred to the fund from the Operating Fund or the Community Trust Fund.

The Authority established an internally restricted reserve for Emergency Response Services enhancements. This reserve can be used for either operating or capital expenditures and is at the discretion of the Authority.

In 2002, the Authority authorized the use of the replacement reserve to accommodate renovations required for the 400 wing of River Heights Lodge for the Adult Health Centre use. The transfer was included in Capital Donations and applied to actual expenditures and is at the discretion of the Authority.

The above schedule shows the changes in these reserve balances during the year.

Schedule 5

PRAIRIE NORTH REGIONAL HEALTH AUTHORITY
SCHEDULE OF BOARD REMUNERATION, BENEFITS, AND ALLOWANCES
for the year ended March 31, 2007

Board Members	Retainer	Per Diem	Travel Time	2007 Travel & Sustenance	Other Expenses	CPP	Total	2006 Total
Chairperson								
O'Grady, Bonnie	$ 9,960	$ 19,838	$ 11,203	$ 13,768	$ (3,156)	$ 1,770	**$ 53,383**	$ 58,138
Board Member								
Christensen, Ben	-	3,800	794	880	-	157	**5,631**	7,313
Conacher, Muriel	-	4,087	1,475	2,416	-	-	**7,978**	8,105
Duncan, Donald (2)	-	7,458	2,200	1,781	40	405	**11,884**	384
Esterby, David (2)	-	5,762	2,125	3,481	-	317	**11,685**	1,789
Fiddler, Flora (2)	-	3,688	1,350	2,140	-	169	**7,347**	2,584
Helm, Vicki	-	4,413	1,400	1,097	40	-	**6,950**	9,326
Hill, Joan	-	6,100	3,125	4,314	-	383	**13,922**	8,558
McCaffery, Ruth (1)	-	-	-	-	-	-	-	985
Whittaker, Don (1)	-	-	-	-	-	-	-	5,033
Wouters, Glenn	-	4,624	889	1,422	-	200	**7,135**	6,181
Yaychuk, Elaine (1)	-	-	-	-	-	-	-	1,864
Young, Donald	-	4,288	1,256	1,801	-	-	**7,345**	6,378
Zaychkowsky, Michael (2)	-	3,125	738	543	-	118	**4,524**	2,042
Total	$ 9,960	$ 67,183	$ 26,555	$ 33,643	$ (3,076)	$ 3,519	**$ 137,784**	$ 118,680

(1) Terms ended in 2005-2006: Ruth McCaffrey declined renomination July/05; Elaine Yaychuk resigned in Aug05; Don Whittaker term ended Feb/06
(2) Board Members appointed in Feb/06: Don Duncan, David Esterby, Flora Fiddler, & Michael Zaychkowsky

SCHEDULE OF SENIOR MANAGEMENT SALARIES, BENEFITS, ALLOWANCES, AND SEVERANCE
for the year ended March 31, 2007

Senior Employees	Salaries[1]	Benefits and Allowances[2]	2007 Sub-total	Severance Amount	Total	2006 Salaries, Benefits and Allowances	Severance	Total
Fan, David - CEO	$ 162,476	$ -	$ 162,476	$ -	**$ 162,476**	$ 132,802	$ -	$ 132,802
Chabot, Lionel - VP	107,607	-	107,607	-	**107,607**	-	-	-
Denis, Irene - VP	121,901	-	121,901	-	**121,901**	102,289	-	102,289
Hunt, Cecile - VP	-	-	-	-	-	97,565	-	97,565
Jiricka, Barbara - VP	100,772	-	100,772	-	**100,772**	-	-	-
Keller, Jerry - VP	121,908	-	121,908	-	**121,908**	102,289	-	102,289
Uzelman, Glennys - VP	121,901	-	121,901	-	**121,901**	102,289	-	102,289
Total	$ 736,565	$ -	$ 736,565	$ -	**$ 736,565**	$ 537,234	$ -	$ 537,234

(1) Salaries include regular base pay, overtime, honoraria, sick leave, vacation leave, and merit or performance pay, lumpsum payments, and any other direct cash remuneration.
(2) Benefits and allowances include the employer's share of amounts paid for the employees' benefits and alowances that are taxable to the employee. This includes taxable professional development, education for personal interest, non-accountable relocation benefits, personal use of an automobile, cell-phone, computer, etc., as well as any other taxable benefits.

APPENDIX A - ACRONYMS

AB	Alberta	LRHF	Lloydminster Region Health Foundation
ACLS	Advanced Cardiac Life Support	MAC	Medical Advisory Committee
ADT	Admission, Discharge Transfer	MDS/ RUGS	Minimal Data Set/Resource Utilization Group
ALS	Advanced Life Support	MHO	Medical Health Officer
AUPE	Alberta Union of Provincial Employees	MRI	Magnetic Resonance Imaging
BDCC	Battlefords District Care Centre	MRSA	Methicillin Resistant Staphylococcus Aureus
BMI	Body Mass Index	NP	Nurse Practitioner
BTC	Battlefords Tribal Council	NSL	North Sask Laundry (& Support Services Ltd.)
BUH	Battlefords Union Hospital	OH&S	Occupational Health and Safety
BUHF	Battlefords Union Hospital Foundation	OOS	Out-of-Scope
CAN(s)	Community Advisory Network(s)	PART	Professional Assault Response Training
CBO	Community-Based Organization	PHC	Primary Health Care
CCHSA	Canadian Council on Health Services Accreditation	PNHR	Prairie North Health Region
CEO	Chief Executive Officer	PNRHA	Prairie North Regional Health Authority
CQI	Continuous Quality Improvement	QCC	Quality of Care Coordinator
CSQI	Continuous Safety & Quality Improvement	RHA	Regional Health Authority
CT	Computerized Tomography	RIC	Regional Intersectoral Committee
CUPE	Canadian Union of Public Employees	RM	Rural Municipality
ECH	East Central Health (Region, Alberta)	RN	Registered Nurse
EMS	Emergency Medical Services	RPN	Registered Psychiatric Nurse
EMT	Emergency Medical Technician	SAHO	Saskatchewan Association of Health Organizations
ESP	Employee Scheduling Program	SEP	Single Entry Point
FASD	Fetal Alcohol Spectrum Disorder	SHNB	Saskatchewan Hospital North Battleford
FTE(s)	Full-Time Equivalent(s)	SPM	Saskatchewan Property Management
HCO(s)	Health Care Organizations(s)	SSCN	Saskatchewan Surgical Care Network
HISC	Health Information Solutions Centre	SUN	Saskatchewan Union of Nurses
HIV	Human Immunodeficiency Virus	TCA	Tobacco Control Act
HSAS	Health Sciences Association of Saskatchewan	TLR	Transfer, Lift and Repositioning
HQC	Health Quality Council	UNA	United Nurses of Alberta
IT	Information Technology	WCB	Workers Compensation Board
LPN	Licensed Practical Nurse	WNV	West Nile Virus

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Fax: (306) 446-4114

Prairie North Health Region

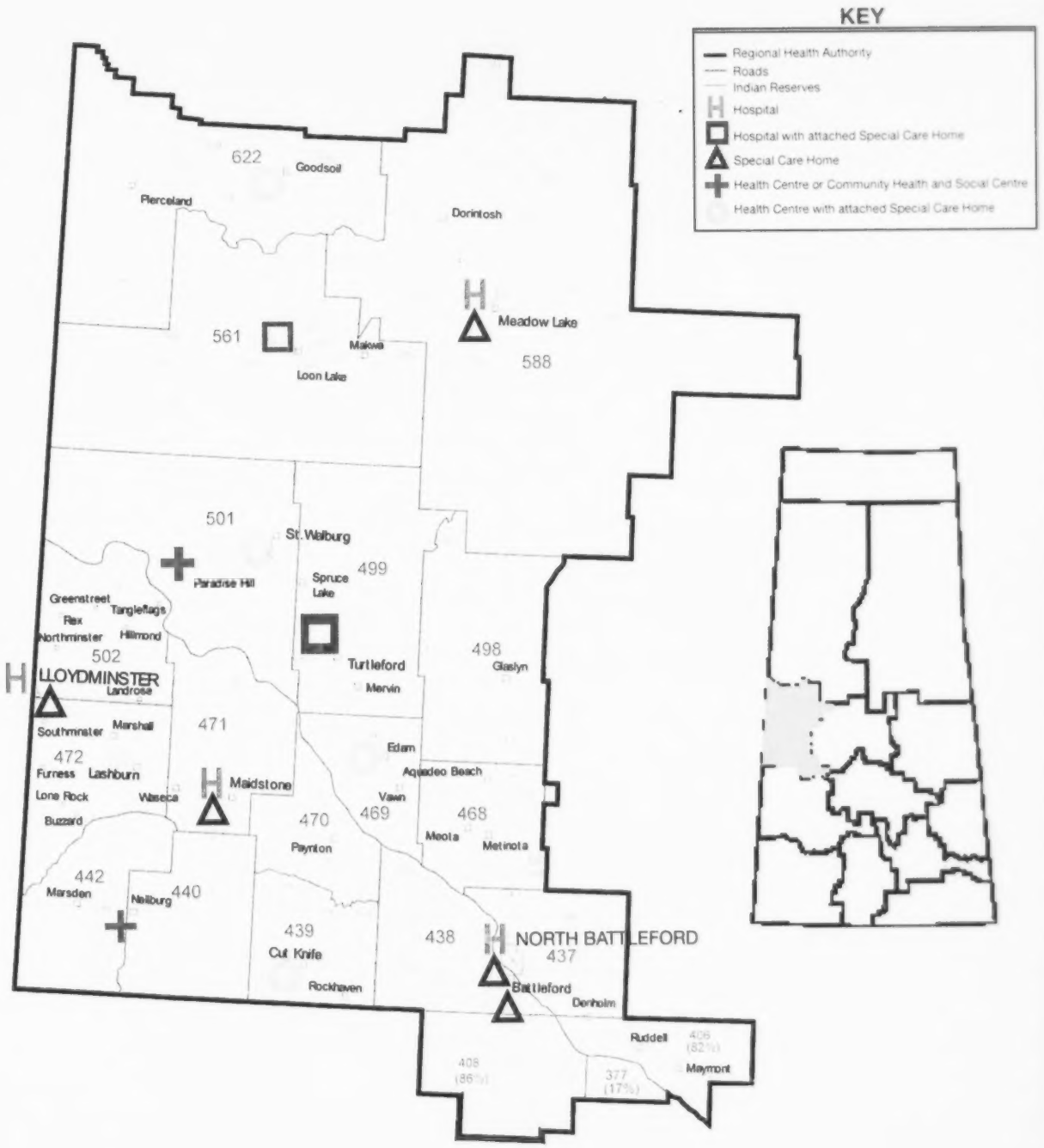
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